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Thesis

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**The History of Community Care for People
with Learning Difficulties in Norfolk 1930-1980**

The Role of Two Hostels

Thesis presented for the degree of Doctor of Philosophy.

Pertaining to the discipline of Health and Social Welfare.

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The History of Community Care for People with Learning Difficulties in Norfolk 1930-1980

The Role of Two Hostels

Abstract

This thesis explores the history of community care for people with learning difficulties in Norfolk between 1930 and 1980 through case studies of two hostels. It also examines ways in which people with learning difficulties can make a contribution to a construction of the past. Historical evidence is drawn from biographical and oral history interviews, group discussions and written and photographic archival sources. These methods make it possible to examine the relationship of the hostels to community and institutional care; make comparisons concerning gender, geographical location and culture; and elicit the views of those who had experienced hostel care either as residents or staff.

The research showed that though there are many conflicting definitions of community care, the hostels played a significant role in the development of care in the community in the inter-war period and in the post-war period. The case studies suggest that community care has a longer history than is usually acknowledged. It was not necessarily the benign alternative to institutional care, but existed as an adjunct to it while retaining a distinctive character. In some respects, hostel developments foreshadowed later policies.

The research makes a contribution to the literature on the social history of learning disability; and the methodological literature concerning participatory research.

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Contents

Chapter 1:	Introduction	9
Chapter 2:	The History of Community Care: A Review of the Literature	18
Chapter 3:	Research Methodology: A Literature Review	58
Chapter 4:	Research Method: Data Collection and Analysis	98
Chapter 5:	Eaton Grange (A Case Study) Part 1: A Changing Role	142
Chapter 6:	Eaton Grange (A Case Study) Part 2: Experiences and Meanings of Work	184
Chapter 7:	Blofield Hall (A Case Study) Part 1: Home, Hotel or Outpost?	234
Chapter 8:	Blofield Hall (A Case Study) Part 2: 'The Half-way House'	267
Chapter 9:	A Comparison of the Two Hostels	307
Chapter 10:	Conclusion	314
Appendix 1:	Brief Biographical Details of the Life Historians	328
Appendix 2:	Brief Details of the Key Informants	334
Appendix 3:	Information and Consent Forms	339
Appendix 4:	Notes on Historical Sources	340
Bibliography		357

List of Figures and Photographs

Figure 1:	National Policy, Legislation and Publications to 1980	after page	27
Figure 2:	Major Local Developments in Norfolk and Norwich to 1980	"	144
Figure 3:	The Opening of Eaton Grange	"	148
Figure 4:	Alice Chapman, Norwich, c. 1932*	"	157
Figure 5:	Rules for Maids	"	177
Figure 6:	Alice Chapman with Mrs. Pearce's family, Norwich, c. 1952 *	"	204
Figure 7:	Alice Chapman on licence, Norwich, 1940s *	"	212
Figure 8:	Victor Hall's Aviary, Blofield Hall, c. 1969 **	"	245
Figure 9:	Victor and Basil Hall, c. 1969 **	"	247
Figure 10:	Camping Holidays, Norfolk, 1960s (1) **	"	248
Figure 11:	Camping Holidays, Norfolk, 1960s (2) **	"	248
Figure 12:	Victor and Basil Hall in Blofield Hall 1969 & 1971**	"	250
Figure 13:	Work: Blofield Hall and Little Plumstead Hospital, 1960s **	"	275

* From M. Pearce's Private Collection

** From V.Hall's Private Collection

List of Abbreviations

BOC	Board of Control
CRO	Cambridgeshire Record Office
EARHB	East Anglian Regional Hospital Board
HMC	Hospital Management Committee
LPHR	Little Plumstead Hospital Records
MD Committee	Mental Deficiency Committee
MOH	Medical Officer of Health
MWO	Mental Welfare Officer
NAPBC	National Association for the Parents of Backward Children
NHS	National Health Service
NRO	Norwich Record Office
PLI	Poor Law Institution
PRO	Public Records Office
PSW	Psychiatric Social Worker

Chapter 1 Introduction

This study explores the history of community care for people with learning difficulties in Norfolk between 1930 and 1980, using two hostels as case studies. The purpose of the research was two-fold: to reveal a hidden history; and to discover ways in which people with learning difficulties could be enabled to contribute to a construction of this history.

The rationale for community care as the focus of the research was that until comparatively recently it has been overlooked in the literature, interest in the history of learning disability tending to focus instead on the large institutions. Although there is now an emerging recognition of community care as a significant aspect of the history, the field is still new, with many gaps in the literature. An exploration of the history of services in Norfolk which adds to a number of locality studies beginning to be undertaken by social historians therefore seemed timely.

My preliminary research revealed the existence of two hostels for people with learning difficulties in Norfolk: Eaton Grange, a hostel for women opened by the local authority in 1930; and Blofield Hall, opened as a hostel for men in 1951. I decided to focus my research on these hostels for the light their history could shed on the development of community care in one locality.

It emerged from an initial exploration of the records that Eaton Grange, though classified as a certified institution, was frequently described as a hostel. Some hostels, whether private, voluntary or state provision, which began to be developed in the inter-war period were registered as 'certified

institutions', certified by the Board of Control 'for the reception of defectives'.¹ They were segregated provision, often with a staff of 'matron' and 'nurses'. Those that claimed to have the role of 'hostel' were usually small, offering accommodation for between ten and 50 residents. Some were run by voluntary organisations (Gibson 1930; Hammond 1930); others in the inter-war period were, like Eaton Grange, set up by local authorities. In 1925 there were 26 local authority certified institutions offering 5,075 places.² By 1934, nine hostels were being run by local authorities (Jones 1960), although after 1948 their status changed as they came under hospital management. In 1948, therefore, Eaton Grange came under the East Anglian Regional Hospital Board and its Hospital Management Committee. There is little in the literature concerning such hostels, and a study of Eaton Grange offered an opportunity to contribute to the understanding of this aspect of community care over a fifty year time span. The extension of the study to the post-war era also allowed an exploration of the impact of the NHS on an existing local authority hostel, and its relationship with both hospital and community. I set out to explore the role of Eaton Grange by asking questions as to its role in community care.

Unlike Eaton Grange, Blofield Hall was set up as a hospital hostel. Hostels attached to institutions or colonies are listed in the Board of Control Reports as 'ancillary premises', the 1925 Report listing 8.³ In 1929 the Wood Committee recommended the extension of this idea of 'the half-way house'. After 1948, hostels continued to be established by some of the large hospitals. There are few detailed studies of such hostels, however, and in those that do exist, the hostels are often subsumed into institutional studies

¹ *BOC Report 1925* : p.90 (note)

² *BOC Report 1925* : p.90

³ *BOC Report 1925* : p.434 ff.

(Morris 1969; Jones 1975). Little is known of their culture and daily life or of their role within community care. A study of Blofield Hall would therefore add to the knowledge of the role played by such a hostel in community care.

People with learning difficulties have not in the past been encouraged to contribute to their own history. Although there is a new interest by historians in the history of community care, few are using oral history to explore it. In this research I wanted to examine the history *with* those who had experienced it, including their stories and their experiences in the analysis. My intention was to discover the extent to which people with learning difficulties could be enabled to make a contribution to their own history. My work in adult education for people with learning difficulties and my previous research, had been based on a belief in self-advocacy and empowerment (FEU 1991). My aim, therefore, was to explore how far researching and constructing the history of the hostels could be a collaborative process. Consequently, this study aimed to include participants in the construction of aspects of their own history. I aimed to be as inclusive as possible and to enable people who might have difficulty in communicating to have the opportunity to take part in the research. The intention was to include many different stories in order to illuminate what community care meant to individuals.

Because the aim was to enable a rich and detailed picture to emerge from the research, I also needed to hear many other different types of accounts as well as those of people who had lived in the hostels. I therefore planned to interview other people who had been players in the history of the hostels. In order to contextualise the oral accounts, as well as to reveal contemporary view-points and attitudes, I also intended to explore local

archives. The intention was that this combination of oral and documentary sources would provide a broad perspective, a rich and many-layered history of the role of the hostels in community care. One of the key points of the research was to be this analysis of the history through the inter-weaving of sources.

The parameters of the research were decided by several considerations. Geographically, the study concentrated on one county, Norfolk, for quite pragmatic reasons. I live in the area and have a good network of contacts in learning disability. As the research would require regular and consistent contact with informants, choosing a location where this could readily be achieved was important. A second reason for the choice of Norfolk was the existence of a large and comprehensive archive in the Norfolk Record Office, containing detailed records of local responses to the Mental Deficiency Acts.

The second parameter was the period chosen: 1930 to 1980. This time-span was chosen as framing a period of both national and local developments in learning disability services. Nationally, the period includes the economic upheavals caused by the depression of the 1930s, the second world war and its aftermath of austerity. It incorporates the inter-war responses to the Mental Deficiency Acts and major social policy changes resulting from the NHS Act of 1946, the Mental Health Act of 1959, and the 1971 White Paper *Better Services for the Mentally Handicapped* (HMSO: 1971). The period closes with publication of the 1979 Jay Report which emphasised community-based care. Locally, the period began with the opening of Eaton Grange in Norwich. It drew to a close with the run-up to the closure of Blofield Hall in 1984. The choice of these research parameters, as well as fitting well with both national and local developments, also had the

advantage of ensuring that many of the people involved in the history throughout the period would still be alive and therefore available as potential participants in the research.

The Structure of the Thesis ⁴

The structure of the thesis and the research questions emerged from the aims as set out above, influenced by the debates within learning disability history. A qualitative approach aimed to use the principles of grounded theory (Glaser and Strauss 1967) to enable themes and patterns to emerge within the framework of the questions.

The over-arching question asked by the research was: What is community care? Within that framework the two main research questions were:

- What light can the study of two hostels shed upon the history of community care for people with learning difficulties ?
- How far can people with learning difficulties play a role in co-constructing their own history ?

The thesis consists of nine chapters:

⁴ Because this thesis straddles several disciplines, I made the decision to use two types of referencing, Harvard and footnotes, drawing on the merits of both. I use footnotes in particular in Chapters 5-8 where I need to reference archives. Within the text, I use 10 point font for indented quotations from archives, and italics for indented quotations from participants.

Chapter 1 *Introduction*

Chapter 2 *The History of Community Care: A Review of the Literature*

reviews the literature relevant to the research. I examine the debates surrounding the origins and conflicting definitions of community care for people with learning difficulties in historical and social policy research. I explore the literature on the history of hostels, and the ideology of 'working hostels', and identify the gaps in the literature which my research sought to address.

Chapter 3 *Research Methodology: A Literature Review* sets out the methodological justification for the approach taken by the research. It reviews the literature on the auto/biographical method and other research developments which are enabling people with learning difficulties to have a voice and to participate directly in historical research. It also considers the ethical and methodological issues raised by feminist, disability, and, increasingly, learning disability research.

Chapter 4 *Research Method: Data Collection and Data Analysis* describes how the research method I chose responded to the issues raised in the methodological literature. It introduces the case studies and the research participants and describes the data collection and analysis.

Chapter 5 *Eaton Grange (A Case Study) Part 1: A Changing Role*

explores the history of Eaton Grange. I focus in this chapter on themes of daily life and 'homely' environment, and the relationship of the hostel and its residents with both community and institutional care.

Chapter 6 *Eaton Grange (A Case Study) Part 2 : Experiences and Meanings of Work* completes the case study of Eaton Grange through an investigation with the participants and the key informants of the theme of work and training. Border crossings into and out of the hostel emerge as a major theme.

Chapter 7 *Blofield Hall (A Case Study) Part 1: Home, Hotel or Outpost ?* complements Chapter 5 by introducing the men's hostel, Blofield Hall, and comparing the approach to daily life and homely aspirations of a provision in a different geographical location.

Chapter 8 *Blofield Hall (A Case Study) Part 2: 'The Half-way House'* describes the world of work and training both inside and outside Blofield Hall, and its outreach into the community.

Chapter 9 *A Comparison of the Two Hostels* explores similarities and differences in hostel policy and in the experiences of the residents, in the period 1951 to 1980.

Chapter 10 *Conclusion* evaluates the significance of the research findings, and suggests future research arising out of the thesis.

There are four Appendices:

- Appendix 1: Brief Biographical Details of the Life Historians
- Appendix 2: Brief Details of Key Informants

- Appendix 3: Information and Consent Forms
- Appendix 4: Notes on Historical Sources.

After the Bibliography, I list the publications arising from this research.

A Note on Terminology

A debate current in learning disability research concerns the use of language. Historians argue that it would be a-historical to forego the use of classifying terms such as 'idiot', 'mental defective' or 'feeble-minded' (Thomson 1998a). On the other hand, many people with learning difficulties, together with some researchers without learning difficulties, find the use of these labels by historians deeply offensive (Cooper forthcoming). I have tried to find a compromise between the two positions. When it appears that a historical sense would be compromised, I use the terminology of the period. It is impossible, for example, to avoid describing the 'Mental Deficiency Acts' in their own terms. It would also be misleading to avoid the names given to classifications within the Acts. It could be argued, in fact, that to avoid these terms altogether when writing a history of the period, would be to diminish the implications of the labels and to misrepresent the ideology of the time. Because the use of historical language is a sensitive issue, however, I use the terms 'learning difficulties' or 'learning disability' whenever it is possible within the terms of historical exactitude. I try and use the denigrating classifications sparingly, with care and due explanation. Some people with learning difficulties who are beginning to engage with their past have struggled with this issue, but are beginning to reach a consensus. Although Mabel Cooper in her search through her own archives found that 'some of it, like the names they called you in them days, hurt a bit', she began to use the terms herself as she tried to make sense of her own story in the context of the times : 'I found out about my Mum from the records...She was labelled as 'feeble-minded'...' (Cooper forthcoming). Taking her lead, I use quotations marks in the text whenever possible.

Chapter 2 Community Care for People with Learning Difficulties: A Review of the Literature

This chapter reviews the literature on the history of community care for people with learning difficulties in the twentieth century with a particular focus on the role of hostels. It examines the limitations of the literature, and the emerging themes that are explored in this thesis. The particular significance of Eaton Grange and Blofield Hall as the focus for this study is considered in the light of current debates among historians and social policy researchers as to the origins and meaning of community care, and its relationship with institutional care.

The chapter is divided into five sections:

Section 1 sets the scene for the following sections by examining the emphasis in the literature on the institutional perspective, and the consequences of this for definitions of community care.

Section 2 argues that emphasis on institutional history gives rise to misunderstandings concerning the origins and definitions of community care. It explores the more recent literature that is claiming a much longer history for community care and closer links between it and institutional care in the inter-war period. Definitions of community care are considered in the light of debates on normalisation which influenced community care policies in the 1960s and 1970s.

In Section 3 I turn to the more specific literature on hostels and small homes, and consider the background to their development and debates on their role, identifying gaps in the research in particular in relation to the culture within both pre-war local authority and post-war NHS or hospital hostels.

In Section 4 I identify work as a particular theme emerging from the literature concerning hostels.

Section 5 questions the assumption in the literature that community care is self-evidently more benign than institutional care.

Section 6 explores the general literature on border crossings, examining the idea of both real and metaphorical boundaries set up for those who are marginalised.

Section 1 The institutional perspective

Most historians have until recently seen learning disability history in terms of an institutional history (Trent 1994; Noll 1995; Wright 1993; Potts & Fido 1991; Jackson 1996; Stevens 1997; Stuart 1998). Community care was hidden and overshadowed by the very tangible asylums and colonies, with their large buildings often dominating country landscapes, memorable and highly visible superintendents, and their archive collections. Focusing on institutional history rather than on the less accessible history of community care was a more straightforward undertaking. This emphasis meant that institutions were seen to constitute the history. Studies of institutions were encouraged by the attention given to them by researchers such as Goffman (1961), Foucault (1967), and Townsend (1962), and

policy changes resulting from criticism of institutions also spurred research into the discredited regimes. The fact that there was a community care policy in place as early as 1913 went almost unnoticed by many historians and writers on social policy, and there has been little discussion of the Mental Deficiency Acts of 1913 and 1927 which in fact advocated a quite specific formal community care, naming it as such, and setting up *machinery to run it (Figure 1)*.

The construction of the history which resulted from this research bias had consequences for definitions of community care. Community care was seen to stem from the criticism of institutional care which began in the 1950s and culminated in the repeal of the Mental Deficiency Acts in 1959. This resulted in a definition of community care as being separate from and at odds with institutional care. A review of the literature concerning the origins of community care and the history of hostels (see Sections 2 & 3), suggests that there were closer historical connections between institutional care and community care than have been acknowledged in much of the literature, and more complex definitions of both by contemporaries. Early institutions were not without their critics. Mark Jackson (1996) notes that Mary Dendy had criticized institutional care in 1910, but only for its lack of rigour and lack of a permanent solution to the 'problem' of the 'feeble-minded'. In contrast, Evelyn Fox (1923) sought a different and more community-based alternative to extant institutional care. In this thesis, therefore, I question the assumption that a negative perception of institutions only arose as a comparatively recent phenomenon, by exploring the public pronouncements of various players in the development of a local service.

Section 2 Definitions of Community Care

In this section I examine some of the definitions of community care in the literature.

There are many competing definitions of the 'slippery concept' of community care (Bornat et al 1993: xi). According to Means and Smith 'Community care' has long been a contested term used by different people in different ways at different points in time' (1994: 1), and Abbot and Sapsford write that 'what community care' is actually supposed to mean is often by no means clear' (1987: 42). The situation is made more complex by the lack of agreement among scholars and policy-makers as to what constitutes 'community', and new insights into the implications of the word 'care'. The large number of definitions of the word 'community' are vague, sometimes Utopian, and usually, though not always, 'warmly persuasive' (Williams 1988: 76). At the same time they have a mythic quality which led Cooper to doubt the existence of 'the community' at all (Cooper 1989). Symonds sees a strength in the very ambiguity of the concept which allows for 'an all-encompassing ideology' and she includes hospitals within her definition of community care (Symonds 1998). For Victorian philanthropists, the word 'care' also trailed something of the 'warm glow' applied by Williams to the word 'community', but since then it has been contested in some feminist debates (Parker 1981; Quereshi & Walker 1989; Ungerson 1983; Dalley 1989), and by disabled writers (Morris 1994). It has been increasingly recognised that 'care' as well as 'community' is a complex concept, capable of disempowering as well as supporting (Breachin *et al* 1999).

When the two words, 'community' and 'care' are linked to form the concept of 'community care', it becomes even more difficult to arrive at a consensus on its meaning, or even to recognize its existence in social policy as it relates to those with learning difficulties. Until recently, social policy and disability researchers have largely neglected the subject of community care for people with learning difficulties. Thane (1982) and Digby (1989) do not refer to people with learning difficulties in key social policy texts, and nor do Williams (1989) or Conrad and Schneider (1992), though Digby has since addressed the subject (1996). The tendency has been to present community care as emerging in the 1950s as a direct result of the closing of the institutions. Bulmer (1987), Lewis (1994), Alaszewski (1991) and Walker (1989) associate the origins of community care with the findings of the 1954 Royal Commission and the consequent passing of the 1959 Mental Health Act. Community care is therefore defined in this literature as the opposite of institutional care. Walker describes it as 'developing in reaction to criticisms of institutional forms of care... firmly established...by the planned contraction of hospital provision' (Walker 1989: 205). Some social policy research is now beginning to acknowledge a longer history for community care (Means & Smith 1994; Symonds 1998). However, as recently as June 1998 a paper on social policy stated that 'The notion of community care did not become deeply entrenched in social policy until after...the response...to the Ely scandal [DHSS 1969]' (Rapley and Ridgeway 1998: 458). The consequence of this neglect in much of the literature is that a large part of learning disability history disappeared and, despite recent efforts to reinstate it, the early history has not yet impinged on some areas of social policy research.

In the 1990s, research interest among historians began to focus on provision outside the large institutions (Bartlett and Wright 1999). As a

result, definitions of community care for people with learning difficulties have broadened, and care *by* the community is seen as being a continuous strand in the history.¹ Some writers have identified eighteenth and nineteenth century boarding-out and parish care practices as a form of community care (Rushton 1996; Andrews 1996; Saunders 1988). For the later nineteenth century, David Wright's history of the National Asylum at Earlswood revealed that the majority of the inmates were eventually returned to their families in the community between 1858 and 1886 (Wright 1993). It is now widely accepted in the literature that families have always been the mainstay of community care (Wright 1998; Digby 1996; Melling, Adair and Forsythe 1997). Definitions of community care in the late twentieth century as care by the family have been debated in the feminist literature (Graham 1983; Pascall 1997), but until recently little has been written concerning the history of the family's role. The few studies that have been concerned with the role of the family have highlighted the paradoxical position of the family within the mental deficiency legislation: on the one hand it was the stigmatised source of the hereditary problems and therefore to be monitored and its members segregated; on the other it was to play an important role in the community care provisions of the Acts (Thomson 1998a and 1998b). This suspicion of the family led some contemporaries (Fox 1923 & 1930; Morris 1948) to seek alternative solutions to 'the problem' and to redefine community care within the parameters of other types of provision such as working hostels.

Mathew Thomson (1998a) in an important study of the inter-war period, reinstated formal community care within learning disability history. He interpreted the Mental Deficiency Acts of 1913 and 1927 as representing an

¹ Michael Bayley (1973) distinguished between care *by* the community which he identified as informal care organised by family, neighbours and volunteers; and care *in* the community which is location-based and provided by both informal and formal sources such as hostels, respite care, and group homes.

official change of policy, with the state 'appropriating' community care from the family. Official care *in* the community was established. In a contribution to *The Locus of Care* (Thomson 1998b) he set out definitions of community care which were based on the formal involvement of the state, rather than informal family or state provision.

The defining characteristics of community care as set out in the Mental Deficiency Acts and the *Report of the Mental Deficiency Committee* known as the 1929 Wood Report, were the use of supervision, guardianship and licence. Statutory supervision consisted of the visiting and monitoring of 'defectives' in their own homes by local authorities 'either through specially appointed Supervision Officers or through Health Visitors, School Nurses or...through Local Mental Welfare Associations'.² Guardianship status was given to the family of a 'defective' and it carried with it a payment for maintenance.³ Licence was granted to some of those in institutional provision to leave the institutions on a daily or more long-term basis to return to live in the community with family or employers, or in another type of smaller provision such as hostel branches.

Community Care as an Adjunct to Institutional Care

In Thomson's analysis, the existence of these three elements constituted state provision of formal community care at a much earlier date than the late 1950s. Significantly, he also argues that this definition of community care reveals close links between institutions and community care, the one existing in relation to the other rather than at opposite poles of the process, each working together to create a system of care and control which, though

² *Report of the Mental Deficiency Committee, Part III* HMSO 1929, p.14.

³ *Report of the Mental Deficiency Committee, Part III* HMSO, p.17.

it built on pre-existing ideas, was quite distinct after 1913 in its dependence on state administration and legislation :

...the two were not diametrically opposed but overlapping strategies, linked in a common aim of care and control and developing in a dialectical process.....community care was seen as a supplement not a replacement, extending the reach of provision out from the institution into the community.

(Thomson 1998b: 204)

Stevens has also identified an 'institution-oriented perspective on community care' which practised a type of community care alongside but distinct from other types of care being organised simultaneously in the inter-war period (Stevens 1999: 234).

The corollary of this definition of community care as an adjunct of institutional care is that community care advocated similar policies of control as well as care, of segregation rather than integration. In this thesis I explore the implications of these policies for the everyday running of Eaton Grange and the lives of the women who lived there, and consider the extent of the application of such policies to a small urban facility. (See below, Sections 3 & 4)

Thomson's analysis of community care in the inter-war period provides a useful basis for further study of its history, and in this thesis I build in particular on his definitions and on his postulation of a continuum between institutional and community care. Nevertheless, he does not examine in any detail some of the other elements along this continuum which bridged the gap between institution and community. He emphasises that by 1928 there

were 1,146 people in the community on temporary licence, and that hostels were beginning to play an important role in breaking down barriers between institutions and community and developing care 'outside the walls of the institution' (Thomson 1998a: 144), but he does not explore in detail the culture of the hostels. Though he describes them as 'stepping-stones' to the community, no attention is given to the processes within the hostels that made such transitions possible.

Analyses of post-war services for people with learning difficulties maintain that a definition of community care as an adjunct to institutional care depends on administrative links being in existence (Donges 1982; Jones 1960; Thomson 1998a). This was the case prior to 1948, but the relationship between institutions and community changed with the creation of regional health authorities within the National Health Service. Health authorities had responsibility for hospitals, while local authorities retained duties concerning community care. There was thus what Thomson calls 'a new administrative bifurcation between hospital care run by the regions and community care still in the hands of the local authorities' (Thomson 1998a: 287). Historians suggest that this was to the detriment of the developing co-operation between the two services, and led to a breakdown in co-operation, leaving hospitals as isolated services with little communication with the community and little chance of an integrated service (Thomson 1998a). This would suggest that the definition of community care as an adjunct of institutional care was to change after 1948, though not all historians see this as inevitable.

John Welshman's recent brief case study of Leicester's record in implementing community care policies in the post-war period, although acknowledging the administrative split, suggests that there were,

nevertheless, ways in which the boundaries between hospital and community continued to be blurred (Welshman 1999). He cites the 1952 Ministry circular which encouraged local authorities to provide temporary respite care in hospitals, and the recommendations of the 1954 Royal Commission which meant that 'the dividing line between homes and hospitals would be less clearly defined' (Welshman 1999: 217) (Figure 1). Welshman lists the numbers of new hostels opened in the early 1960s in Leicester by the local authority as part of their community care services. In a parallel gesture, as I shall show in the case study on Blofield Hall, some regional health authorities were also opening new hostels attached to the hospitals, and the question arises as to their particular role with regard to community care. Definitions of both local authority and health authority hostels are contentious in the light of recent debates in the literature concerning residential care and the understanding that 'institutional' can refer as much to a style of care which denies individual choice, as to a type or size of building (Atkinson 1999). Welshman acknowledges that 'the question of what actually went on in these new institutions requires additional research' (Welshman 1999: 219), and he reiterates the elusiveness of the concept of community care in the 1960s and 1970s, 'whether defined as domiciliary services or alternative institutions' (Welshman 1999: 226).

Research in this field is still at an early stage, with questions being asked as to boundaries, relationships between services, and patterns of daily life and work within different types of provision. There has been little research which investigates in any depth the history of such services under the NHS. Gregory Donges also notes the new isolation of the hospitals 'not only from the community, but from the mainstream of the National Health Service as well', but he considers the implications in the light of policy statements and

Figure 1 Table: National Policy, Legislation and Publications

Legislation and Reports	Policy Developments	Publications
1908 Report of Royal Commission on Care and Control of the Feeble-Minded	1907 Formation of Eugenics Education Society	1908 Tredgold 'Mental Deficiency'
1913 Mental Deficiency Act		
1924 Wood Committee appointed		
1927 Mental Deficiency (Amendment) Act	1920s-1940s local authority colony building	1929 Wood Report
		1937 Cyril Burt 'The Backward Child'
1929 Local Government Act (PL/s under local government control)		
1944 Education Act		
1946 National Health Service Act		
1948 NHS took over hospital services		
1948 National Assistance Act		
	1940s and early 1950s: the beginning of debates about 'problem families'	1951 NCCL's '50,000 Outside the Law'
1954-9 Royal Commission on Mental Health		1957 Young and Willmott 'Family and Kinship in East London'
1959 Mental Health Act		
	1961 Enoch Powell's statement concerning the closure of mental hospitals within 15 years	1961 Erving Goffman 'Asylums'
	1960s Ely, Farleigh, South Ockendon, Normansfield hospital scandals	1964 Tizard 'Community Services for the Mentally Handicapped'

Legislation and Reports	Policy Developments	Publications
		1969 Bank-Mikkelsen and Bengt Nirje. Original publications n normalisation
		1969 Pauline Morris 'Put Away'
1970 Education Act (universal education)		
1970 Local Authority Social Services Act		
	1971 Better Services for the Mentally Handicapped	
		1972 Wolf Wolfensberger 'The Principle of Normalisation in Human Services'
1974 National Health Service Reorganisation Act (local health authorities, regional hospital boards, and hospital management committees were abolished, new health authorities created)		
	1975 National Development Group	
		1978 Warnock Report
		1979 Jay Report emphasised community care
	1980s Development of Group Homes	1980 Kings's Fund 'An Ordinary Life'

political developments, rather than detailed locality studies (1982: 12). As noted above, recent research suggests that the situation is more complex, and that links between community care and institutional care, though less secure and not enshrined in legislation, continued after 1948 in some areas. The question arises as to the effect of the new post-war policies on the small residential services such as Eaton Grange which, having been under the local authority, now came under hospital administration. An examination of the potential of their role in enabling a continuing hospital presence in the community will contribute to the debates on boundaries and definitions.

A review of the literature revealed that few of the recent histories of national policies have sought to collaborate with people with learning difficulties. To obtain a broader perspective, it is important to include information from those who were most affected by the policies. In Chapter 3 I discuss the literature concerning participative research and the possibilities for empowerment of people with learning difficulties through their contribution to their own history.

From the late 1960s a new influence on policy-making emerged: normalisation ideas began to impinge on debates regarding services for people with learning difficulties. The following sub-section discusses the origins of normalisation, and some of the debates in the literature concerning its role in defining community care.

Community Care and Normalisation

There are two distinct strands discernable in the literature on normalisation. The first is the original Scandinavian formulation of normalisation which originated in the late 1950s first in Denmark (Bank-Mikkelsen 1980) and then in Sweden (Nirje 1969); the second is the North American reformulation of normalisation by Wolfensberger in the 1970s and 1980s. According to the former, the main aim of services for people with learning difficulties should be to create normal living conditions and patterns of life and the same life-style as those without a disability. Some of the main points of this approach called for normalisation of 'the rhythm of the day', a recognition of the right of people with learning difficulties to normal patterns of waking, dressing, eating, work and leisure, weekends, holidays; and fair and equal economic and environmental standards in quality of life.

Emerson (1992) points out that this discourse of rights could equally be put into place in segregated provision, and he suggests that it is this 'equal but separate' strand of normalisation that was first influential in Britain in the late 1960s and early 1970s. Race describes a symposium on normalisation in the *British Journal of Mental Subnormality* in 1970 in which both Gunzburg's and Nirje's contributions discuss the possibility of adopting normalisation principles in institutions (Race 1999). This original version of normalisation became influential both among radical thinkers and practitioners seeking change in the lives of people with learning difficulties (Tizard 1967; Gunzburg 1970). As well as being discussed in professional journals, the ideas were further disseminated at a broad-based national conference entitled 'Our Life' held in July 1972, attended by twenty-two people with learning difficulties and fifteen discussion group leaders (Brandon and Ridley 1983). In the 1960s and early 1970s, therefore,

following the widespread concern which accompanied revelations of conditions in institutions, it was the Scandinavian version of normalisation, upholding individual rights, which was influential in debates surrounding the designing of new services whether in institutional or community care (Emerson 1992).

The second strand, the North American reformulation of normalisation by Wolfensberger (1972), began to be the more influential philosophy in the late 1970s and the 1980s. The major difference between the two strands was that Wolfensberger advocated integration and could on no account accommodate segregation, whether hospital or hostel, however enlightened. He proposed ‘culturally normative’ means to maintain ‘culturally normative behaviour’ (Wolfensberger 1972: 28), later (1983) introducing the idea of ‘social role valorisation’. Wolfensberger and Thomas emphasised the need to integrate people with learning difficulties into the community:

This means that as much as possible, (devalued) people would be able to: live in normative housing within the valued community, and with (not just near) valued people; be educated with their non-devalued peers; work in the same facilities as ordinary people; be involved in a positive fashion in worship, recreation, shopping, and all the other activities in which members of society engage.

(1983: 27)

One of the main ways in which Wolfensberger wanted to change priorities was in the matter of work. In his manual for assessing services, he

highlighted fully paid employment in a normal and non-stigmatising workplace, as a culturally valued activity (Wolfensberger & Glenn 1975).

The adoption of elements of both strands of normalisation as providing working models to produce change had wide implications for definitions of community care in the 1970s and for the adoption of a rights discourse. Wolfensberger's version advocated the closure of the large institutions and it led to definitions of community care as 'an ordinary life' (Kings Fund 1980). Normalisation was the reference point for the most radical of the submissions to the Jay Committee of Enquiry into Mental Handicap Nursing and Care (1975-1979) which called for a move away from the medical model towards a social model, and away from institutions of all kinds. The enquiry resulted in the Jay Report (1979) which espoused the *right* of people with learning difficulties to have a normal life within the community.

The Scandinavian version of normalisation has been criticised on the grounds of its initial acceptance, however reluctant, of segregation as an interim stage. Critiques of Wolfensberger's version of normalisation have revealed that it had its own interpretation of society, which valued traditional social roles above diversity. Walmsley notes that

particularly in terms of gender, critics have shown that adherence to the prevailing norms of society reproduce inequality based on gender stereotyping...thus women may be pushed into caring roles because they are seen as normal for women.

(1994: 26)

Normalisation has also been criticised for raising as many barriers for people with learning difficulties as it sought to tear down. Trent, while recognizing its 'revolutionary importance in alerting the public to the repressive nature of institutions', criticized its 'narrow focus on retarded people and their immediate surroundings' (Trent 1994: 275). He says that 'the weight of normalisation has remained on fine-tuning the deviant person to make her or him more 'normal'...the good health of the 'community' has uncritically been taken as a given' (ibid). Normalisation is also criticised for its emphasis on the 'victim' and 'dependent' status of people with learning difficulties (Walmsley 1994) and for its implication that 'disabled people are not normal' (Walmsley & Downer 1997d: 39). Created by Wolfensberger as a set of ideas which had the potential to change lives and ensure inclusion in ordinary life, it has been criticised for adding new excluding clauses, and for being professional-led, rather than involving people with learning difficulties in decisions about their lives. This study explores the local policies towards two hospital hostels in the light of contemporary national debates on the various versions of normalisation which were dominant at different times. Dorothy Atkinson (1997) and Jan Walmsley (1994) have talked to individuals and professionals about their experiences of work and daily life in institutions and local authority and hospital hostels. I build on their research in exploring with both ex-residents and ex-staff the influence of normalisation in these two decades in bringing about changes to 'the rhythm of life' within two hospital hostels.

Section 3 The role of Hostels in community care

In this Section I set the scene for the exploration of the two hostels in this thesis. I develop the discussion on definitions, by exploring the literature on

hostels, their development and their role in community care and the rhetoric which accompanied calls for their establishment. Particularly in the 1960s and 1970s there was considerable encouragement from both policy-makers and government directives for large numbers of new local authority hostels (Donges 1982). Recommendations for hostels as part of community care had a longer history, however, and I first of all explore contemporaries' views in the 1920s and 1930s, moving then to recent historical and social policy research which explores the development of hostels. For the post-war period I focus on the literature concerning in particular NHS hostels or hospital annexes, a subject which has received less attention by researchers.

Development of Hostels in the inter-war period

As early as 1923 Evelyn Fox, the Honorary Secretary of the Central Association for Mental Welfare, in an article entitled *The Mentally Defective and the Community* addressed the fact that 'the large number of mental defectives will remain in the community and must be cared for there...It is useless to look back to the happy days when we saw in permanent institution care a solution of the whole problem' (1923: 79). She was concerned, however, that families were not always the best alternative to the institution:

Many of them are living in good homes but it is no exaggeration to maintain that even under these conditions a defective is usually less well trained and safeguarded, less satisfactorily employed.... than he would be if he could be under skilled supervision involving some organised method of providing occupation.

For a solution to this particular problem, she turned to the American idea of working hostels. In 1904, the *Royal Commission on the Care and Control of the Feeble-Minded* had considered this idea but had discarded it in favour of the colony system.⁴ The American models she mentions refer to the 'Rome hostels' or 'colonies' set up in 1906 and the following years by Charles Bernstein, the superintendent in charge of the Rome State Asylum, Albany USA (Trent 1994: 207). Fox now saw 'working hostels for boys and girls', attached to institutions, as providing an organised and supervised way back to the community from the institutions which, for many, could be regarded as short-term provision. In developing these ideas further in 1930, Fox emphasised, however, that any such scheme must ensure that people would be controlled to the same extent as they were when living in the institutions. They were thus identified with an institutional ethos. She described hostels as 'an integral part of community control' (Fox 1930: 68), and though closely linked with the parent institutions, she defined them as part of community care. Her discussion of hostels was prescriptive rather than descriptive, and few contemporary studies were made of hostels or small institutions modelling themselves on her prescription for working hostels.

The 1929 Wood Report also visualised a continuum of care for 'mental defectives' starting with the parent colony which would in turn feed 'the hostel branches and smaller homes, foster parents, and to a small extent the defective's own home'.⁵ F.D. Turner, Superintendent of the Royal Eastern Counties Colony suggested a similar model, with institutions visualised as 'flowing lakes' rather than 'stagnant wateralways taking in, always

⁴ *Royal Commission on the Care and Control of the Feeble-Minded* 1908: 174.

⁵ *Report of the Mental Deficiency Committee Part III*: 71.

sending out, but sending out only -and this is a most important point - to other smaller lakes, each of which shall be fed from it' (Turner 1928: 469). The colony was to be the administrative centre for these smaller branches, ensuring 'absolute and immediate fluidity of movement in all directions, inwards as well as outwards between the centre and all points on the circumference in which the defective may be placed'. ⁶ It was recommended that one or more hostels should be established in any of the towns in the area near a colony, though a rural situation was suggested as offering accessible farm work for residents of the male hostels. The hostels, while ensuring a 'freer life' for the residents, would also be a way of ensuring, as Fox had recommended, that supervision continued after leaving the institution. In a woman's hostel for example,

The Matron of the hostel can check her time of leaving and returning, can supervise her clothes and take care of her money, can assist the employer with advice as to the defective's management, and can suggest precautions, as for example, that she could not be allowed out in the town alone..... ⁷

After the first world war, therefore, with an urgent re-appraisal of the viability of a wholesale programme of institutionalisation, contemporary thinking focused on community care and revived the role of the hostel within it.

Arguing for links between institutions and community in the inter-war period, Thomson hints at the role of such hostels in helping to forge those links:

⁶ *ibid*

⁷ *Report of the Mental Deficiency Committee Part III: 73.*

The division between the colony and the community was broken down through the development of hostels, outside the walls of the institution.

(Thomson 1998a: 144).

The literature describes three different types of hostel which then began to open. The first was the hostel associated with an institution as recommended by the Wood Report. Some of the large institutions opened associated hostels for men and women. As early as 1920 a small cottage was purchased near Meanwood Park Colony in Leeds to be used as a hostel for ten 'feeble-minded' men, a larger one operated until 1932 (Potts & Fido 1991), and in 1938 a hostel - Crooked Acres Annexe - was purchased by the colony for thirty-one 'minimum grade' adolescent girls (Spencer 1989). Another early example was the Gate House hostel established at Warwick in 1925 which was run 'as far as possible on the lines of a hostel for normal women, with some additional restrictions and supervision', but with the expectation that the women would go out on licence to work from the hostel. A detailed description of the hostel, outlined its role as 'a progressive one, providing a graduated test of the girls' capacity for a less restricted life'.⁹

The second type was the stand-alone hostel run by a voluntary association, such as Eagle House in Surrey which opened as a certified institution in 1924 and was run by Surrey Voluntary Association for Mental and Physical Welfare. It is one of the few inter-war hostels to have been discussed in contemporary literature. It was run 'solely as a Hostel, quite independently of any parent institution' and was 'started as an experiment' (Gibson 1930:

⁹ *BOC Annual Report 1925*, p.89.

75). Although Gibson noted that it was not attached to any parent institution, it is clear from her description that it still performed the role of being a 'smaller lake' fed from the 'flowing lakes' of not one but many institutions. A similarly independent hostel was opened at The Old Rectory, Bathwick Hill, in Bath in 1930 (Hammond 1930), and the Royal Hostel for 'boys and young men' was also opened in Surrey in 1929 (Gibson 1930: 76). Gibson considered that 'the Hostel system while making for happiness and self-respect, should also prove an economical method of dealing with the highest-grade of mental defectives in the community' (Gibson 1930: 77). The theme of a dual role for the hostels as offering both a progressive initiative and a cheap solution to a problem is one I explore in this thesis.

Finally, there were the small certified institutions such as Eaton Grange, which were set up and run before the war by local authorities rather than voluntary associations, and described by their Committees as being run on the lines of stand-alone hostels rather than large institutions. Douglas Spencer (1989) describes Ashfield House in Bradford, opened in 1925 as being an early provincial residential establishment to be provided by a local authority. Ashfield was described by the Chairman of Bradford Committee for the Care of the Mentally Defective as a 'home' rather than a hospital. By 1934 nine hostels were being run by local authorities (Jones 1960).

Claims by contemporary advocates of the hostel system that it encouraged rehabilitation into the community in the inter-war period are questioned by some historians (Thomson 1998a; Stevens 1999). Thomson suggests that hostels were used by powerful superintendents 'as a strategy to extend rather than draw back, the institution' (Thomson 1998a:145). 'Community

care was seen as a supplement, not a replacement, extending the reach of provision out from the institution into the community' (Thomson 1998b: 204), and the motives of those espousing this type of community care are questioned and therefore also the rehabilitative nature of the care itself (Thomson 1998a). Stevens suggests that rather than hastening a return to the community, Turner's model of 'community care' in Colchester '...can be seen as a way of delaying eventual discharge for patients', citing the fact that Dr. Turner, though advocating community care, only established one hostel, Lexden House, in association with the Eastern Counties Institution at Colchester (Stevens 1999: 231). Certainly, few hostels were opened in the immediate aftermath of the Mental Deficiency Act, but the movement began to grow slowly after the first world war as economic conditions began to improve (Thane 1982) and the Board of Control started an urgent lobbying of local authorities to improve their position. The case studies in this thesis clarify the position in Norfolk where there existed a large institution and smaller hostels, the 'larger and smaller lakes' of both Turner's model and the Wood Report (1929).

Board of Control Reports list a growth in local authority provision in the inter-war period. Occasionally as in the case of Gate House which was regarded as a progressive experiment, a detailed description is given in the Report as to daily regimes in the new hostels.⁸ The Reports for the 1920s and 1930s also show that among the small certified institutions there was great variety in these regimes. Although an investigation of one of them, Eaton Grange, cannot therefore be claimed to be entirely representative, it can add to a knowledge of the general aims of such hostels, their relationship to the community, and their adherence or otherwise to the principles set out by Evelyn Fox and the Wood Report. It can also begin the

⁸ *BOC Annual Report* 1925, p.89.

process of fleshing out what appear in the main as names in lists in the BOC Reports.

With the setting up of the National Health Service in 1948, all residential establishments for 'mental defectives' were transferred to the hospital authorities (Watkin 1975). Little is known about the consequences of this change for the lives of the residents of such establishments, or its effect upon the links between hospital, hostel and community.

The Development of Hostels in the post-war period : NHS Hostels, the Community and the Institution

The conclusions of researchers and professionals writing about hostels attached to hospitals in the post-war period, is that they continued to be seen both as a solution to the problem of providing for growing numbers and an opportunity for training and rehabilitation. They were described as 'community hostels' providing 'normal living prior to licence' (Lovejoy 1972: 220). The literature also shows, however, some variety in the aims of those setting up and running new hostels in this period, some hostels being seen as long-term community provision, others as 'half-way houses'.

In 1950, just one year before the opening of Blofield Hall, the Bedford Group of Hospitals bought Hasells Hall which was to be an annexe of Bromham Hospital for 60 men (Atkinson 1997). Its main purpose was stated to be to relieve the over-crowding in the main hospital. Elizabeth Gemmell (1974) notes that in 1942 and 1959 respectively, a female and male hostel were opened in Sheffield by the Hospital Management Committee to operate in conjunction with hospital provision. The Hospital

Management Committee of Leavesden Hospital had throughout the 1950s also tried to persuade the Regional Hospital Board to provide hostel accommodation for those who went out to daily work. The hostel was to be seen as a 'halfway house' between hospital and independent living in the community (Diplock 1990). In 1960 Ashbury Lodge was leased by Leavesden from Watford Borough Council to house ten men, and the practice of using hostels continued in 1969 with the purchase of Nascot Grange in 1969 (Diplock 1990). Whixley Hospital in West Yorkshire opened Bubwith and Tadcaster Hostels in the 1950s (Spencer 1990; Barron 1996), and Green Lane Hall was opened in 1957 as an annexe to the Westwood Hospital, Bradford, providing accommodation for at first 27 and then 59 men (Spencer 1989). Douglas Spencer (1989) says that its definition as a halfway house used as a stepping-stone between hospital and discharge to lodgings in the community meant that in the ten years after its establishment approximately 140 men were discharged. Pauline Morris (1969) found that out of a total of 38,097 people in the thirty-four hospitals she visited in her national sample, almost a third lived in smaller units away from the main hospital, though these figures included smaller hospitals as well as the hostels or ancillary units.

Descriptions of post-war hostels, where they occur in the literature, concluded that they varied in regime according to their closeness to the parent institution. Pauline Morris' study (1969) of two hospitals in the late 1960s noted that both of them included hostels in their provision. She made the point, however, that some annexes, although they were 'habitually referred to as 'hostels' were in fact run by nurses as though they were wards of the main unit' (Morris 1969:210 *note*), though the men's hostel in her study seemed to be more independent of the hospital, and closer in style to

a community facility. Mabel Cooper when describing her time in the women's hostel attached to St. Lawrence's Hospital in 1976, also notes that:

Whyteleaf House was the same as St. Lawrence's, the only difference is that it was a house. It was still a big place. It was no different because they still had nurses and what-have-you. You still had 50 people.
(Cooper 1997: 29)

Pauline Morris' own recommendations in *Put Away* (1969) were for hostels with residents working in the community but retaining close links with hospitals so that they could be moved as necessary to more sheltered accommodation or even back to the main hospital. This proposal, made forty years later, has echoes of the Wood Report's 'rivers and lakes' imagery. The hostel still had a key position, even seemed to represent community care. The definition of community care in the inter-war period as being allied with the colony (Thomson 1998a) had a revival in Morris' further re-definition of the hospital: she saw an integral role for the (transformed) hospital in what she called 'community care', parts of the hospital becoming 'hostel-type homes' (Morris 1969: 305). It might be argued that to become community oriented, it would be necessary to be situated geographically in the community, but, as noted above, the literature reveals contested definitions of the concept of community, community care, and the role of hostels within community care policies.

Further purposes for the NHS hostels began to be noted in the literature of the 1970s. Hostels were presented by local government officers and social policy researchers in the 1960s as the lynch-pin of community care or, as Donges suggests, they represented 'the essence of community care' (Donges

1982: 71). Although as already noted, some local authorities had developed hostels in the 1930s (Jones 1972), expansion was slow and by 1969, only 43 of 227 local authorities offered hostel accommodation (Alaszewski 1986). Despite this, there were some innovative hostels: 1958 saw the experiment of the Brooklands Residential Unit for children established by Tizard; and in 1960 the NAPB (later Mencap) supported experiment of the Slough model, with its family style hostel care was set up (Walmsley 1994). In the 1970s and 1980s local authority residential care was still seen - for example by the Wagner Report Literature Review (1988) - as community as distinct from institutional care, as 'the boundaries of residential care are being redrawn or blurred' (Sinclair 1988: 42). Tizard had advocated the setting up of local authority hostels for adolescents and young adults, describing their function as 'preparation of school-leavers and young adults for independent living in ordinary lodgings or in their own home' (Tizard 1964: 174). Encouraged by the 1971 White Paper, there was a renewed effort by local authorities to establish hostels as part of a programme of community care. and Kathleen Jones (1975), in her survey of services after 1971, includes a discussion of fifteen local authority hostels. What is rarely noted, however, is that new NHS hostels also continued to be opened. A recent discussion considers that NHS hostels were used 'for the more able patients in order to give them a more congenial way of life, and as 'half-way houses' to train people for eventual re-settlement in the community' (Farmer, Rhodes and Sacks 1993: 100). Such definitions are used liberally both by contemporaries and in the later literature without real analysis of the meanings of these definitions for the people who were using these 'stepping-stones'.

As noted, Thomson questioned the effectiveness and even the reality of the rehabilitative function of hostels in the inter-war period, while in the 1970s,

there were differences in the aims of the hostels: some were to be long-term homes, others 'steps into the community'. A summary of hostel developments in the 1970s (Pembroke Information Exchange 1975: 49) described a hostel which opened in association with Leavesden Hospital in 1975 as a long-term home for the men. The aim of the hostel was to 'provide for the men, who are mainly in open employment, a supportive residential home life' (ibid:49). In contrast, a sister-hostel for women in Watford, aimed 'to train for community life, and thus provide a bridge from institutional discipline to self-discipline...the original aim of this hostel was that patients should be given 6 months' residential training for independence' (Ibid: 48).

What is missing from most of these accounts is the individual's view-point. Social work research in the 1970s and 1980s had included some early studies of views of local authority hostel residents (Reinach 1981; Brandon and Ridley 1983). The Campaign for the Mentally Handicapped also began to publish the views of the hostel residents about their lives (CMH 1973). A development in the 1990s is that life in hospital hostels is now beginning to be described through life histories. To Mabel Cooper's account can be added those collected by Dorothy Atkinson in the *Past Times* project which includes first-hand experiences of living in Hassell's Hall (Atkinson 1997). The oral history accounts of life in Hassell's Hall differ somewhat from the rosy view of it reported in the Yearbook of the Luton Society for Parents of Backward Children in which the new opportunities for mixing in the community are emphasised (Luton Society Yearbook 1968: 63, quoted in Atkinson 1997: 109). On the other hand, David Barron, who went from Whixley Hospital to live at Tadcaster Hostel in the early 1950s has described his more positive experiences of hostel life:

It was a completely new experience for me to feel more or less free to come and go as I pleased, and mix with people in the outside world.

(Barron 1996: 112)

Memories from ex-residents of hospital hostels are beginning to add substance and a variety of viewpoints to a history of hostel life and this thesis builds on this development.

The hostel as home: a familial model

In this review I have suggested that the literature points to suspicion of the family as an effective carer as being one reason for the growth of hostels for people with learning difficulties. Although, the family was criticised, however, it was also used as a model for its substitutes. The literature suggests that the hostels were defined in two ways by their proponents: they were to be training facilities and 'working hostels'; but they were also to offer a 'homely' environment for the working women and men. I review the literature on work and training in a later section. In this sub-section, I briefly identify the literature concerning the familial model upon which the hostels were to be based, and the implications of the hostel model for care and control in the community.

The national aim of encouraging the return of women to a domestic role after the war resulted in a revival of familial discourse (Summerfield 1998), and the extolling of 'home-making' virtues (Foss 1946; Williams 1945; Luetkens 1946). It was within this context that, as the literature on post-war residential care indicates, the familial model became popular for many different groups (Davis 1981). Post-war models for hospital hostels were

based on similar ideas. Caring for people with learning difficulties, based, as Walmsley (1994) has suggested, on their perceived dependency, usually implied a caring role for the staff in the hostels, and the construction of the hostels as homely or home-like. The Medical Superintendent of Coleshill Hall in Warwickshire, stipulated that hostels should be run 'so as to resemble a home'...such a hostel would 'provide a home' for workers on daily licence' (Rohan 1954: 69). Tizard emphasised the relevance of the family model for hostels. He argued that 'Many of our patients have had little...family experience...In our view, attempts to repair this deprivation impose a number of requirements. Among these are parental substitutes in the persons of the staff' (Tizard 1964: 173). Pauline Morris (1969) in *Put Away*, described one of the hostels in her study as being 'under the care of a very motherly matron who created a comfortable home-like atmosphere' (P. Morris 1969: 123). Jones in *Opening the Door*, differentiates between the ethos of the main hospitals she examined and their smaller hostels or ancillary units where 'the emphasis is on the provision of a 'homely atmosphere' from which the patients can go out to the surrounding community (1975: 150). Though it is thus suggested in the literature that the familial model was part of the ideal of the local authority and NHS hostels, the research rarely gives an insight into the consequences of this philosophy for the residents. The familial model is not a straightforward concept and has implications for control as much as for care.

Evelyn Fox emphasised that anyone living in the community must be 'under control' and 'strict supervision' (Fox 1923: 78). Jaques Donzelot in *The Policing of Families* (1979) argued that post-war society became increasingly influenced by the ideal of the 'family', and that consequently society had become 'familialised' (quoted in Gittins 1985: 134). Historians have recently used the model of the family in analysing institutions (Gittins

1998; Stuart 1999). Gittins, in an earlier work, suggests that the rhetoric claiming the valorising of families after the second world war had a direct effect on the rhetoric surrounding many services and every type of institution and residential unit were all 'imbued with the concept of patriarchal authority as symbolised by 'the family' ' (Gittins 1985:140). For people with learning difficulties, regarded as without adult status, this had a very particular application. Stuart notes that 'care, mothering and family can also have more punitive faces' (Stuart 1998: 32), and Walmsley suggests that, operating within the 'homely' setting, familial ideology carries implications of control as well as care (Walmsely 1993). Stuart considers that 'the construction of people with learning difficulties as dependent is often framed within a discourse of infantilism' (1998: 31) and argues that the family principle in the two convents she researched was a system based on power structures (Stuart 1998). Some historians have noted that infantilisation was at the core of other types of institutions such as reformatories and refuges, and homes for older people (Rafter 1983;Hockey & James 1993) and Gittins (1996) has suggested that, in relation to a large psychiatric hospital, there was a mixture of religious and familial metaphors to explain the power relations within it.

In the 1970s, the familial model still held good in various types of residential provision. The 1971 White Paper used the term 'home' rather than 'hostel' to describe the preferred type of domestic and homely residential home in the community (Atkinson 1988). It envisaged that local authority hostels would provide permanent homes for people with learning difficulties, though Donges notes that there was no sustained analysis or description of residential homes in the Paper (Donges: 106). Local authority hostels in fact continued to have a dual role as both long-term homes, and short-term training bases (Atkinson 1988), and in social policy

terms, the literature suggests a conflict between the ideal of 'home-like' surroundings in the hostel, and at the same time a deterrent factor in the mode of the work-house ideology, aimed at ensuring that families were the main carers and residential homes and hostels only a matter of last resort (Davis 1981). I analyse the hostel regimes during the period of calls for de-institutionalisation in the 1970s in the light of this literature.

This thesis sets out to explore the implications for the hostels' residents, of care and control policies both before and after the repeal of the Mental Deficiency Acts. It does so in two ways. Firstly it analyses daily life in the hostels in the light of discussions in the literature on the rhetoric of familial models and homely environments. Secondly, it engages with recent literature which suggests an association between institutional and community care and it explores the implications of that association for care and control policies within the hostels.

In the next section I review the literature on the role of work both within and out from the hostels.

Section 4 Working Hostels: the role of work in community care

The literature concerning residential care in general suggests that an important aspect of the familial model was the work ethic that accompanied it. Ann Davis, in discussing post-war residential alternatives, says that 'When the notion of 'family' or 'home' life on which these establishments were attempting to model themselves is examined it is seen to be tied as closely to concerns about work discipline and self-reliance' (Davis 1981: 37). Research indicates that the acquiring of work habits was also

highlighted in social policy as a priority in hostels for people with learning difficulties, though recent studies suggest that, for this group, work had added significance (Stuart 1998).

However, there is little in the literature that explores in depth the meaning of work in hostels for people with learning difficulties. Yet from the 1920s, work was closely associated with the hostels, and was in fact represented in contemporary literature as the main purpose of the hostels, defining them and differentiating them from hospitals. People went out to work from hospitals, too, but, as noted above, the literature suggests that hostels were set up in particular as both a home base for working lives, and a 'stepping-stone' into the community. The literature that does deal with employment and training issues can be placed in two groups: firstly, there are contemporary publications at each period which advocate working hostels and are therefore in the main prescriptive rather than analytical; secondly, there are brief descriptions of some work regimes from the professional point of view, usually that of the medical superintendent or voluntary society member.

The Role of Work in Rehabilitation and Control

Evelyn Fox preferred 'training outside an institution' (Fox 1930: 65) and, as noted above, advocated 'working hostels' on the lines of American models as well as a more widespread use of Occupation Centres. Winifred Gibson, of the Surrey Voluntary Association for Mental and Physical Welfare, described the role of Eagle House Hostel almost entirely in terms of its role as a working hostel in which the women live 'with other girls, all of whom are either out at work under normal conditions, or are in definite training for such work...They receive a thorough training in all branches of

domestic work in the Hostel for six months after admission and are then placed as cooks, parlour-maids, house-maids and general servants' (Gibson 1930: 75). The literature suggests that work and training were vital for the rehabilitation of 'mental defectives'. Fox said that 'untrained, uncontrolled defectives have no place in the community' (Fox 1930: 65). Training and supervised work were also suggested as a means of control and were 'essential for any scheme of community control, one amongst many for securing our desired ends' (Fox 1930: 68).

In the 1950s professionals continued to advocate 'hostels for regular daily licence workers' (Rohan 1954: 69), and 'training outside the walls' of the institution (Fitzpatrick 1956: 827). In the literature of the 1950s the concern was for the efficacy of daily work and its advantages as trial and testing ground for future more long-term placements (Rohan 1954; Gunzburg 1958). The literature stressed the difficulties in managing daily work from hospitals and speculated on the greater benefits that designated working hostels would offer (Rohan 1954). The imagined benefits were to be home-like comforts combined with normal daily work patterns. Tizard, following Fox's suggestions of forty years before also saw that employment would be promoted by the association of hostels with sheltered workshops and he proposed further development of both (Tizard 1956: 161). Although several studies instance evidence of the work done by people with learning difficulties both in institutions and out on licence (Fitzpatrick 1956; Rohan 1954; Jones 1975; Morris 1969; Alaszewski 1986) they do not explore in depth the meanings of work for the individuals concerned. The literature deals with the recommendations and proposals. There remains a gap in the literature, however, concerning the reality of hostel life, the meaning of work in both pre-war local authority hostels and NHS hotels, and the place of work in the philosophy of a 'homely' family structure in the hostels.

The Meaning of Work

If, as noted above, re-socialisation and rehabilitation were important themes in the hostel ethos, then the meanings attached to work in the literature on women's reformatories could provide some insights into symbolic meanings attached to work for people with learning difficulties (Stuart 1998). Carolyn Strange described the role of Toronto's reformatories as 'reclaiming' the women through work: 'Young women were not truly reclaimed unless they faithfully performed their work...with 'feeble-minded' women often serving a full term as long as the law allowed' (Strange 1993: 141); and Sherrill Cohen (1992) and Nicole Rafter (1983) described the penitence exacted in women's reformatories in the 1930s in the U.S. Referring to an earlier period, Oonagh Walsh describes the confessional aspect of the stay in a nineteenth century asylum. She suggests that the process was one of absolution by the priest-like physician, a 'secular salvation' leading to a 'release' (Walsh 1999: 152).

There are suggestions in the literature of specific symbolism attached to different types of work for people in institutions (Bland 1995; Stuart 1998). Potts and Fido (1991) suggest that exploitative work had the purpose of atonement, though Walmsley found evidence of the 'sense of self-worth' gained from having a job in an institution, however low-paid (Walmsley 1994: 262). Walmsley found that 'One role most people actively claimed was that of worker. Being in employment conveys membership of the public world. By claiming to be a worker, people were by implication rejecting exclusion...' (Walmsley 1994: 256). Such research points to the likelihood of specific meanings also being attached to different types of work in hostels, and this thesis further explores this theme. The

contemporary literature of the first part of the century suggests that work and training bore huge implications for the lives of 'mental defectives', offering the opportunity to leave the institution (Fox 1923), or, according to Mary Dendy, becoming the means for people to be morally reclaimed (Jackson 1997). These themes are also considered in the analysis of the procedures regarding work in Eaton Grange and Blofield Hall.

Work and Gender

The gendering of work, an issue espoused by feminist theorists, has only recently received any attention in learning disability literature. A historical perspective on gender issues in work suggests that although issues of low pay, unpaid work, and low status of jobs is common to both women and men with learning difficulties, some problems are faced by women alone (Atkinson & Walmsley 1995). Two main points are made in the literature: the widespread uniformity of jobs available for women; and the replicating effect of normalisation in maintaining conventional work roles. Research showed that there was often a clear division of labour based on gender in the large institutions (Atkinson and Walmsley 1995; Potts and Fido 1991). In an early comparison of two hostels, one for women and one for men, Gibson admitted that 'the openings found for {men} have been rather more varied than in the case of the women' (Gibson 1930: 76). More recently, however, historical research on the situation existing in single-sex provision has challenged the ubiquitousness of the practice of gender-based division of labour (Stuart 1998). This thesis builds on these new directions in research. It asks whether the institutional approach to gendering of work applied also to the hostels, or whether it was modified in any way either because of the nature of the single-sex provision, or through independent developments within the hostel regimes.

Feminist research has emphasised the 'burden' of caring work borne in the main by women in society (Finch and Groves 1980). Morris (1990) however, has pointed out that this emphasis on the negative aspects of caring work has dangers in that it devalues much of the work done by disabled women. Similarly, caring work done by women with learning difficulties both in the community and in institutions has often gone unnoticed (Walmsley 1994). Women with learning difficulties are now beginning to speak out about their experiences as carers (Ferris forthcoming). Though their responses vary, it emerges that for some women this was the work they enjoyed most (Atkinson and Walmsley 1995; Andrews forthcoming). Thomson (1998a) has discussed the unpaid 'ward work' given to both women and men in the institutions, but there is little research which considers the caring roles undertaken by men in institutions or hostels. The case studies in this thesis address this issue, making a contribution to the literature on both women and men as carers.

Little is known about the details of these working lives from the point of view of the people with learning difficulties themselves, their employers or the members of staff of hostels, though recent studies have begun to address this omission (Walmsley 1994; Atkinson 1997; Stuart 1998). People with learning difficulties have begun to publish accounts of their work experiences (Cooper 1997). This thesis aims to build on these contributions and fill the gaps in the literature on work identified in this review by talking to people with learning difficulties about their experiences of work (see Chapters 6 and 8). In so doing, it also sets out to explore experiences of the rehabilitative as well as the controlling nature of hostel work, and its role in community care.

Section 5 Care and control

In much of the social policy literature which discusses community care there is the assumption that it is self-evidently more benign than institutional care, writers noting that it has become 'almost universally espoused as a desirable objective' (Means and Smith 1994: 1). Recent research has begun to suggest, however, that some forms of community care were concerned to control as well as provide care. The corollary of the concept of the continuum of care as suggested by Thomson (See Section 1) is a continuum of control, with the control mechanisms of institutions reaching into the community through hostels, supervision, licence and guardianship (Thomson 1998). Fennell (1996) shows that this pervasive control was called for by the eugenicists in the 1920s and 1930s, exemplified by their demands for the sterilisation of those who remained outside the institutions. An explicit control agenda was thus part of the ongoing programme of the development of community care in the inter-war period.

This has been presented in some of the learning disability literature as an issue of gender (Walmsley 1993; Cox 1996; Read 1997; Brigham 1995). The 1913 Mental Deficiency Act targeted women and girls as a sexual problem (Atkinson and Walmsley 1995) and set up supervision and monitoring procedures in the community to ensure, as far as possible, that there was no mixing of the sexes. Women in particular were constructed as 'a cause of potential social, economic and moral decline' (Williams 1992: 153), and Walmsley (1997b) has highlighted the surveillance of women in the community who were suspected of 'immorality' in her study of Bedfordshire. Thomson found that in the 1920s and 1930s, despite constant calls by the BOC for ever more rigorous supervision, girls had less chance of being able to stay in the community on supervision orders than

boys because they were often seen as in need of tighter moral control than supervision at home would provide (Thomson 1998a).

This thesis explores how far men and women were controlled under community care policies both before and after the second world war, as well as the extent to which the care element, which Borsay holds has begun to be over-emphasised by some historians, was also a factor in people's lives. It explores the debates on care and control within the framework of Borsay's conclusion that there is still a need to explore the construct of social control in the history of learning disability (Borsay 1997). It also, however, examines the occasional successful defiance and subversion of this control by people with learning difficulties, and the possibility of the 'flicker of human agency' in the face of official policies (Sibley 1995). Evidence for resistance has been rare, but is now beginning to appear in the life stories told by people who lived in institutions of various kinds (Atkinson 1997). The more complex issue of experiences of care and control within a community setting has not been discussed with ex-residents in any depth in the literature, and remains to be explored if a more rounded picture of all aspects of community care is to be drawn.

Section 6 Border Crossings

The recent historiography which explores closer links between institutional care and community care, implies the existence of intersections and borders between the two. The care and control policies discussed above, put in place excluding or including mechanisms operating at these intersections, which therefore assumed great importance for those whose lives were affected. Such intersections have not been specifically addressed in the learning disability literature, except in the context of individual experiences

of transition from institution to community (see e.g. Edgerton 1967). However, the significance of 'border crossings' for marginalised people is raised in post-colonial and recent human geography literature. The analyses developed by writers such as Homi Bhabha (1994), David Sibley (1995) and Lowenhaupt Tsing (1993) offer a useful framework for understanding the significance of the intersections and borders between institutional and community care. Lowenhaupt Tsing uses metaphorical border crossings to illuminate 'intersections of power and difference' which yield 'multiple, diverging perspectives' (1993: 21). In *Purity and Danger*, Mary Douglas (1966) developed the thesis of 'polluting groups' who are excluded to the margins of society or community. The geographer David Sibley expanded on Douglas' thesis but also drew on the history of 'imagined geographies which cast minorities, 'imperfect people', ...who are seen to pose a threat to the dominant group in society, as polluting bodies...who are then located 'elsewhere'. This 'elsewhere' might be...some spatial periphery like the edge of the world, or the edge of a city' (Sibley 1995: 49). He argues that there are times in history when borders become particularly 'charged and energised', for example during moral panics; at other times the borders are less obvious, and become hidden and even invisible - or blurred - but still exist.

Sibley's arguments have particular resonance with the geographical exclusion of people with learning difficulties, and the efforts, from the early part of the twentieth century, to find a solution to the question 'what place can be found?' for people with learning difficulties in society (Fox 1930: 71). Mary Dendy had sought for 'a proper place to put them in' (Dendy 1902, quoted in Jackson 1996: 165). In *Geographies of Exclusion* (1995) Sibley summarises the effects of border crossings:

Crossing boundaries, from a familiar space to an alien one which is under the control of somebody else, can provide anxious moments; in some circumstances it could be fatal, or it might be an exhilarating experience - the thrill of transgression.

(Sibley 1995: 32)

Border crossings can be sites of both enforcement and negotiation, they can also offer surprise chances of subversion, opportunities for individual agency and the chance to 'spring the trap' (Sibley 1995: 76). Crossing borders under the Mental Deficiency Acts (1913 and 1927) had momentous implications for lives, and for inclusion or exclusion from communities and families. Similarly, crossing over into a new community, whether hostel, work-place, or more independent living, under community care policies, also raised complex issues (Flynn 1987; Allen 1989; Atkinson 1989; Booth, Simons and Booth 1990). In this thesis I have drawn on Sibley's idea of border crossings in order to explore these significant moments in people's lives with the research participants themselves and also with some of those involved in the transition decisions (see also Chapters 3 and 4).

Conclusion

The literature review showed that the history of community care has been under explored. The consequence has been a distortion of learning disability history and an interpretation by social policy researchers which places a discredited institutional care and what is judged to be 'benign' community care at opposite poles. Although scholars have started to challenge previous perceptions of the origins and therefore the definitions

of community care, the history of provision in the borderlands between institution and community remains to be explored, and therefore this study draws on recent research which suggests that it is more useful to see closer links between institutional and community care. The review also showed that despite a new interest by historians in examining the complexity of learning disability history, few have involved people with learning difficulties themselves in discussions of the past. I suggest this too has resulted in a distortion of the history. By exploring the detailed history of the hostels as seen through the eyes of the ex-residents, combined with the experiences of the staff and employers, this thesis contributes to a greater understanding of the history of community care for people with learning difficulties.

Other important influences on the construction of the history of community care are the debates surrounding participative research, self-advocacy, and empowerment. In Chapter 3, I examine these influences, how different methodological approaches have been used in sociological and historical research in the past, and the effect they have had on the way the history has been constructed.

Chapter 3 Research Methodology: A Literature Review

Introduction

Chapter 2 showed that the historical literature concerning the history of hostels and community care has rarely included the views of people with learning difficulties. Traditional archival research alone has not revealed the history in all its richness and complexity and the exclusion of the voice of people with learning difficulties can mean that the history is misrepresented, only half the story being told. One aim of this thesis was therefore to reverse this marginalisation of people with learning difficulties in the historical research process. Questions arose as to how the voice of people with learning difficulties could be incorporated effectively and ethically into a historical study. This chapter describes the way in which I explored the methodological literature on life history, auto/biography, research with groups and oral history, and the reasons for my eventual choice of method. It sets the context for this choice by examining developments in historical methodology in general, and in particular the methods used by historians to research the history of learning disability.

The literature review recognized the many different meanings of community care, and the complexities of social policy. The corollary to this was that a research method would be required that would be capable of revealing *multiple* discourses and constructions, the official view as well as the personal experience. In this chapter, therefore, I also explore the methodological literature concerning triangulation, and the combination of archival research and life histories.

Influenced by developments in disability research towards more participatory methods (Zarb 1992), my concern was not only to base a major part of my fieldwork on the evidence of personal testimony from people with learning difficulties, but also to ensure that the participants had a role in the gathering, prioritising and analysis of the data. I therefore also explored the literature on participatory research methods. My own work in adult education had centred on changing the traditional hierarchical methods of education for people with learning difficulties, and designing with them ways in which they could take more control of their lives. My intention was that the present research would rest upon the same principles of choice, self-advocacy and empowerment. I therefore looked at developments in feminist research literature in the 1980s which had begun to advocate the inclusion of research participants in the research rather than what could be seen as the appropriation of their stories by researchers (Oakley 1981). Since then the idea of participation has been explored and contested by the disability movement (Oliver 1996; Shakespeare 1996; Keith 1990; Morris 1991), with learning disability researchers more recently joining the debate (Atkinson 1997; Walmsley 1994; Stalker 1998; Ward 1998; Mitchell 1999). This literature was therefore central to my choice of a research method.

Until recently, scholars have not combined methods from different disciplines in learning disability history. In my search for a research method that would be able to incorporate a multiple methods approach, I examined historical, sociological and oral history methods. Sometimes the search ranged further into the fields of geographical and anthropological research. This 'post-disciplinary' (Munro 1998) range of the search was impelled by the need to find a new method of constructing learning disability history that would cross the conventional boundaries of various

disciplines, linking them in a model that would provide a way of conjoining multiple methods.

The final section of the chapter will look at the literature on the ethics of life history and learning disability research, including the debates concerning empowerment and issues of emancipatory or participatory research, power and ownership, anonymity and confidentiality, which are current in the disability and learning disability literature and which became central issues implicit in my aim to create a new method of historical research.

First, I explore the general debates and controversies that have occurred within the three disciplines of history, sociology and oral history concerning the use of oral testimony and archives.

Section 1. Oral Testimony and Documentary Sources: the debates

Anne Borsay (1994) has suggested that historians of learning disability have not engaged adequately with recent theoretical developments, have isolated themselves from current debates in disability literature, and therefore as a result still tend to exclude the voice of people with learning difficulties from the research process. She describes Barry Franklin's history of American education for children with learning difficulties as being 'essentially an administrative study which fails to convey the child's perspective' (Borsay 1997: 139). James Trent aimed 'to hear the voices of people whose lives were shaped by the gazes and the fabrications' (1994: 2). This claim relates, however, to archival evidence alone, though he does

quote at length the rare evidence of letters written by people with learning difficulties (1994: 209ff).

In Britain too, although there is now a flourishing field of learning disability history, there is still a reluctance among historians to use life histories in combination with documentary sources, or to engage with participants in the co-writing of the history. Thomson (1998a), in his detailed and important account of the inter-war history of learning disability, which includes a section on the history of community care, does not use life histories. His more recent chapter on community care in the inter-war years in *The Locus of Care* (eds. Peregrine Horden and Richard Smith 1998) is also based entirely on archival evidence (Thomson 1998b). It is clear that many historians still do not evince much confidence in oral testimonies. In the introduction to the same volume, it is stated that 'Oral history will take us a little way back into the past, but.....its witness may be coloured by nostalgia and has to be tested against what written evidence is available' (Horden 1998: 23). 'Written evidence' is not problematised but is in fact privileged in such writings, and still tends to be held to be the reliable touchstone against which any 'exaggerated' or 'romanticised' oral history has to be measured. However, as Paul Thompson (1988) has argued, archives and records are hardly the objective accounts they are made out to be, and should face the same challenges of interpretation and analysis as other types of evidence including oral testimony. Documents are never 'neutral artefacts' (May 1996:150). Although Mathew Thomson draws on detailed documentary evidence concerning individual families and therefore attempts to give the families' voice as well as the administrative voice, other writers have shown that families' views and those of people with learning difficulties where they are included, can be diluted - even falsified - by the official records. Potts and Fido (1991) discovered in their oral history of an institution for people with learning

difficulties that the oral evidence often contradicted the evidence of the hospital records. Frank, one of the interviewees, was aware of this when he said: 'It's not true what was written down!' (1991: 139).

Documents have traditionally been the major source for historians, many of whom have not been ready in the past to value oral testimony which is regarded as weak rather than pivotal. The historian Gwyn Prins (1991) highlights the debate among historians that has long surrounded the validity of oral history and which hinges for many of the traditionalists upon the existence of documents. Prins' brief resume of the history of this debate is revealing for the way it resonates with the 'disappearance' or 'non-existence' of a history of learning disability. For some traditional historians, there was no history of a nation or a group unless there were written documents in existence, written by or created by, that nation or group. Put another way, the view was that 'until there are documents, there can be no proper history' (Prins 1991: 114). In 1831 Hegel said that Africa was 'no historical part of the world', and as late as 1965, Hugh Trevor Roper declared that Africa had no history (quoted in Prins: *ibid*). People with learning difficulties, sometimes non-literate, and until recently non-productive of their own historically affirmed and 'respectable' authoritative documents or archives, like Africa had no history.

In contrast to some historians' traditional stance of suspicion towards oral evidence, sociologists have used life history methods in sociological research, though with different emphasis at different periods, since the 1920's. Life history research flourished in America in the 1920s and 1930s among the Chicago School, and though it then suffered a decline, it re-emerged in the 1980s and flourishes in the 1990s with what Petra Munro

calls 'the current focus on acknowledging the subjective, multiple and partial nature of human experience' (Munro 1998: 8). The plea from Plummer (1983) that sociologists once again embrace life history methods as a central plank of their qualitative research could be considered a turning point. More recently, however, some debates among sociologists have revolved around the nature and status of documentary research. Tim May highlights the fact that 'despite their [documents] importance for research purposes...this is one of the least explained research techniques in the literature' (1996: 133), and other sociologists comment on the ambiguous status of documentary research (Finnegan 1996; Platt 1981). May (1996) suggests, however, that the 'ambiguities and tensions' surrounding documentary research are changing as more sociologists are using documentary evidence and wrestling with issues surrounding its relationship to other methods. Macdonald and Tipton (1993) emphasize the long and respectable history of documentary research in the social sciences and in particular they focus on Denzin's suggestion (1970) of methodological triangulation, a 'between-method triangulation' which combines documentary research with oral history. Jupp (1996) and Worrall (1990) both argue for the use of several research methods in combination to reveal 'a multiplicity of discourses'.

Life histories, sometimes combined with archival evidence, have developed with the growth of oral history which has proved to be significant for what Frisch (1990) calls the writing of both 'more history', that is, new history, and 'anti-history', a re-writing of history to reveal personal experiences and alternative perceptions. Joanna Bornat (1992) refers to the growth of oral history as 'social development' which allows the voices of marginalised groups and 'ordinary' people to be heard for the first time. Within this very large and growing literature there are numerous examples of research

which aim to capture the history of people who do not leave written records. Some examples include the huge body of work by Ewart Evans among agricultural labourers in East Anglia in the 1950s which reveals 'a body of factual knowledge [which] does exist only in the memories of men and women; and it would be lost, or greatly attenuated, were it not taken down before they died' (Evans 1970: 20). Elizabeth Tonkin's research with the Jiao Kru of Liberia reveals that with an almost purely oral tradition in a society where there is little or no literacy, 'there can still be skilled historians' (1995: 5).

Oral history methods aim to combine oral and archival evidence wherever possible. Paul Thompson (1988) advocates a method that, as well as making extensive use of oral history, nevertheless combines this with archival sources. Jan Vansina delegates equal status to oral and documentary research, arguing that the relationship between the two is not 'one of the diva and her understudy in the opera: when the star cannot sing, the understudy appears: when writing fails, tradition comes on stage. This is wrong. [Oral sources] correct other perspectives, just as much as other perspectives correct it' (Vansina 1985: 199). Elizabeth Tonkin agrees with the use of many and varied sources to vitalise and inform oral evidence: 'No oral historian would want to rely on oral accounts' (1995:96). Prins advocates 'the use of multiple, converging, independent sources' to rectify historical blunders which occur when only one method is used (1991: 130).

An important point to note, however, is that although oral history would appear from these examples to have the potential to be a useful method for learning disability historians, disabled people and people with learning difficulties have until very recently been excluded by oral historians from any role in reclaiming the past (Walmsley 1994). Paul Thompson claimed

that oral history has much to contribute to many fields of history 'by introducing new evidence from the underside....by bringing recognition to substantial groups of people who had been ignored', but he did not include people with learning difficulties in this intention to make history 'more democratic' (Thompson 1988: 8). Joanna Bornat (1992) discovered in her survey of fifty locally published oral history accounts that none of them included the testimonies of people with learning difficulties. Both Thompson (1988) and Plummer (1983) called for a high level of articulacy among their 'ideal' interviewees, and this, in most researchers' minds, precluded people with learning difficulties.

Pioneering work in the 1980s sought to solve this perceived problem of articulacy by reviewing interview techniques with people with learning difficulties. Researchers, inspired by the work of Edgerton (1967) and Bogdan and Taylor (1982), began to devise and debate accessible interview methods (Wyngaarden 1981; Sigelman 1982; Flynn 1986; Atkinson 1989). The trend was towards ever-increasing informality, researchers emphasising the importance of 'open-ended questions, a friendly and informal atmosphere and a conversational format' (Atkinson 1989: 20) all of which were to encourage people to talk freely about their lives. Efforts were also made by researchers to be inclusive and to devise ways for those with severe communication difficulties to take part in research (Conroy and Bradley 1985; Booth and Booth 1996). In another approach, rather than 'inarticulateness and unresponsiveness' being an insuperable problem, Booth and Booth suggest ways in which 'Silence may be as telling as talk..... researchers must learn to read the spaces between the words' (1996: 57). They use a strategy of 'successive approximation' to piece together the story of the respondents, and they claim that sometimes 'the only way of collecting their stories may be to loan them the words' (Booth

and Booth 1996: 65). There is a danger with this method, however, that it could in fact be a disempowering practice, advocating the use of potentially incorrect suggestions and therefore misleading conclusions owing more to the researcher than the individual. Rather than artificially filling in the gaps, Petra Munro, in her oral history work with teachers, recommends 'that we need to attend to the silences during interviews as well as what is said, that we need to attend to how the story is told as well as what is told or not told' (Munro 1998: 13). More recent research has revealed the dangers of embracing one method and applying it across the board regardless of individual differences (Goodley forthcoming).

This review of the methodological approaches by the three disciplines of history, sociology and oral history has suggested that the voice of people with learning difficulties is still to a great extent being marginalised in the writing of history. There is, however, a very recent development which is growing in strength and impetus. This is the history of learning disability as told by people with learning difficulties themselves. Emerging from the self-advocacy groups set up in the 1980s, a series of autobiographies have made a significant contribution to the history of institutions, as well as community care. The pioneering work of Edgerton (1967; 1976) in listening to the views of people with learning difficulties, and Bogdan and Taylor (1982) in giving validity to the life stories of people with learning difficulties, began to influence the way research was carried out. Their work showed that people with learning difficulties could participate in research, and could contribute to sociological research through interviews and by writing or dictating their autobiographies (Hunt 1967; Deacon 1974; Burnside 1991; Barron 1996). The 'whole life' approach was also used in the anthology *Know Me As I Am* (eds. Atkinson and Williams 1990), which included autobiographical accounts of various lengths, some long

life histories, others shorter vignettes, all demonstrating that in 'their own accounts.....they are individuals with a personal history, a culture, a class, a gender, as well as an impairment' (ibid: 8). The growing number of autobiographies by people with learning difficulties represent the change in attitude and approach since the 1970s. These include *Mabel Cooper's Life Story* (1997), *Muriel and Me* by Gloria Ferris (forthcoming), and Mary Coventry's *Then and Now* (forthcoming). Although these were written with support, they represent the 'greatest potential for self-representation, and for the authentic voice of the subject to be heard' (Atkinson 1997: 19).

These autobiographies and anthologies contribute important new evidence to the history of learning disability. They tend to represent, however, the life stories of individuals rather than the broader span of groups or communities. They represent a significant testimony, but their prime motivation is not usually historical. A historical and social context can be provided by a method which would include additional material such as archives and the voices of others involved in the history, rather than a single autobiography standing alone, and I therefore also examined the literature further for a method that would enable me to include multiple sources as explored by both sociologists and oral historians and increasingly now also by historians. At the same time the method would empower people with learning difficulties in the research to emerge from their 'hidden history' and be co-constructors in its rehabilitation.

Exploration of the research methods used by the three disciplines of history, sociology, and oral history, opened up a broad spectrum of possible biographical and archival approaches in the writing of learning disability history, and it is the variety within these traditions, influenced by debates in the disability and learning disability literature, which I explore in more detail in the next section.

Section 2. Different Approaches to Biography and Life History in the Literature

1. Topic-Based Life Histories

The 1980s saw the development of social research which made people with learning difficulties the primary informants. There was an increased confidence in the validity of such research which investigated in the main quality of life issues (Markova, Jahoda and Cattermole 1988). This work continued in the 1990s with contributions by people with learning difficulties to research on identity (Jenkins and Aull Davies 1991) and self-advocacy (Simons 1992; Mitchell 1999). In *Parenting under Pressure* (1994), and *Growing Up with Parents who have Learning Difficulties* (1998), Booth and Booth also used biographical interviews, or, as they define it, a *life story approach*, to explore particular themes, referring to both Bertaux (1981) and Edgerton as models for their approach of in-depth interviewing. Influenced by Bertaux' definitions, they distinguish between a *life story* which covers all or part of a person's life, told by that person, and a *life history* which 'subsumes the life story but also includes biographical information from a range of other sources' (Booth and Booth 1994: 5).

Topic-focused research is also the basis for several historical studies. Encouraged and influenced by feminist research, different kinds of biographical research with people with learning difficulties have developed. Walmsley used '*biographical interviews* [which] combine a whole life approach with a focus on a particular topic' and she emphasised the ability of biographical interviews to yield historically valuable data (1995: 67 and 68). This method allows the historian to explore a particular

topic, theme or period of history within the context of a life story or a series of life stories, and therefore had obvious potential for my research with its particular focus on the history of the two hostels and their place in community care. It raises issues, however, as to the status of the voice of people with learning difficulties. Personal testimonies can start as autobiographical, but in an edited or collected form they become more biographical than autobiographical: 'The voices of people with learning difficulties are certainly heard in biographical research but they are heard in an edited form, and are placed alongside other voices. The researcher's voice necessarily has prominence in the overall account' (Atkinson 1997: 19). Walmsley herself was aware of this dilemma, in particular in using topic-based biographical research where people 'were disembodied to create an academic argument' (1995: 68). There were therefore recognized issues in the literature concerning power and control over the research.

Another area of concern was how to give a voice to those who were not able to communicate easily. Phillip Ferguson warns against the situation of those who continue to be 'abandoned to their fate', remaining relatively unaffected by the developments in life story research (Ferguson 1994: xix). This introduces a further category along the spectrum of life history research: that of *biographical reconstruction*. Mary Stuart (1998) refers to occasions in her research when direct oral testimony was not possible because the interviewee found speech difficult, and therefore communicated in non-verbal ways. Stuart used drawings and close observational work to begin to draw out and piece together episodes in the lives of one of the interviewees. Michele di Terlizzi (1994) has used a biographical reconstruction with a woman who had no verbal or other means of communication, combining archival and oral research to tell her story. My aim in the research was to ensure that people who had difficulties

in communicating would not be excluded from telling their stories. The literature reveals that different ways of enabling people to tell their story are beginning to be discussed and devised (Grant, Ramcharan and McGrath 1997). As Stuart found, however, the most valuable methods are those which take their lead from the individual.

Traditional biographical reconstruction can also be used to reveal the lives of those who have died, an approach particularly apposite in reconstructing a lost learning disability history, when so many voices have already disappeared. Valerie Yow describes the method which can be defined as a *mediated life history* : 'If the subject of the biography is unavailable for whatever reason, then oral history taping with friends, associates, family members, and enemies is still necessary in writing contemporary biography' (Yow 1994: 169. In learning disability history this method could be criticized on the grounds that once again the voice is diluted, is heard only through the views and attitudes of others. The method can be justified, however, if it can be used alongside other personal documentation, photographs or letters, so that 'the voice' , though veiled, can, it might be argued, be faintly heard, and through it another aspect of history revealed.

The privileging by Booth and Booth of life stories/biographies was an important development in learning disability research, as was their attempt at co-authorship with people with learning difficulties. Nevertheless, this sociological method is insufficient on its own for a full construction of a rounded, complex history. In the next sub-section I explore in more depth how some historians are now beginning to combine life histories and archival research in ways that are not exclusive, but which seek to include the respondents in as many areas of the research as possible.

2. *Auto/Biographical Research Methods*

One response to the need for a historical method which is capable of revealing a multiplicity of discourses and 'heterogeneity and contradiction' (Worrall 1990: 10) in learning disability history, is the auto/biographical approach. As defined by Dorothy Atkinson (1998) this is an inclusive method, drawing on some of the other approaches in learning disability research, and aiming to create a historical method. She describes it as 'having things in common with biographical research (it aims for a collection of lives, and reflects multiple voices, including the researcher's), and with the writing of autobiographies.....But it is also different - it tells the stories of individuals, but does so against the social and historical backcloth of their time..... Auto/biographical research has the capacity to combine the political document with the historical' (Atkinson 1997: 22). Atkinson (1997) found in her *Past Times* project, that there were occasions when the records confirmed the memories and were a useful corroboration. While privileging the biographies of people with learning difficulties, she included evidence from the archival material in the cause of building up a broader picture.

The auto/biographical method provides the most recent model for historical research into learning disability. Its contribution to the methodology literature is that it offers a method of triangulation (see below) and legitimises the use of both documents and oral testimony. It also suggests another dimension. In her *Past Times* (1997) project, Atkinson worked with a group rather than with individuals, and she suggests that this method enabled the members of the group to become co-constructors of history.

3. The Group Dimension

As well as being a method that can yield historical material, Atkinson suggests that the auto/biographical approach has the potential to ensure that people with learning difficulties have a central role in the research, deciding on the agenda, having the power to change the research direction. She suggests that this method can therefore not only prioritize the voice of people with learning difficulties in historical research, but can provide a forum for those telling their stories to play a role in the construction of a history. Atkinson aimed to co-construct a collective account, 'a joint historical account of their lives ' within the Past Times group (Atkinson 1997: 126). The group setting was important because she wanted 'to engage people in working together in order to share memories and spark off ideas' (ibid: 127). As the project progressed, the group members became 'oral historians, witnesses of an era which was now passing. Without their accounts, and the accounts of others, there would be no record of that lived history - only the documentary history written by others about key events, dates, and 'great men' (ibid: 130). Working with a group was a way of giving ownership to the participants who would thereby have an overview of the research, rather than knowledge only of their own individual contribution (Walmsely 1995).

The group dimension offered another historical research method. It left uncovered, however, potential evidence from a third source. Atkinson did not seek out the views of professionals or others involved in the history of the hospitals or hostels where members of the group had lived. In the next sub-section, I discuss some examples in the literature where other voices as well as those of people with learning difficulties have been included in the research process. This represents a further strand in the process of

triangulation. I contextualise this method under the heading of 'multiple approaches'.

4. Multiple Approaches, Multiple Discourses at Border Crossings

Much of the literature voices concerns that for too long learning disability history has been written by others (Ryan 1987). As noted above, some sociologists have chosen their methodology to avoid falling again into the trap of traditional sociological research with an administrative bias or a professional view. Another reason for the reluctance by some recent research from the self-advocacy field to include other voices, it has been suggested, is that it was felt to be inappropriate to include the stories of those who had worked in discredited regimes such as hospitals (Walmsley and Atkinson 2000).

Some of the fiercest debates now taking place in the field of learning disability history are between those who claim the history as their own (Aspis forthcoming), maintaining that there is no place within it for either authors or witnesses without a disability; and those who on the other hand are ready to incorporate the views of others in order to construct a 'whole history' (Mitchell forthcoming). The debates on 'Whose History?' have recently emerged as pivotal issues in the writing of learning disability history as voiced during the series of Social History of Learning Disability Conferences held at the Open University (1997-1998). In the last section of this chapter I will be discussing some of the ethical issues surrounding these debates on ownership, but will here concentrate on exploring another aspect of the same debate: the ideas of those few writers who, while working within the new theoretical framework concerning disability, have

included multiple voices - including those without learning difficulties -in their research method. It is still rare to find writers who have adopted this method. It has been remarked that 'what is striking....is the apparent lack of recognition that there are many players whose lives have been touched and often shaped by their contact with learning disability, and that their voices and experiences have a contribution to make to an understanding of history' (Walmsley and Atkinson 2000).

In 'Gender, Caring and Learning Disability' (1994) Jan Walmsley chose to discover the context in which people have lived by including in her approach not only documentary sources but also what she defined as specifically 'oral history' interviews with a small number of people without learning difficulties who had been involved in the development of post-war services in Bedfordshire. These interviews did not seek to uncover whole life stories, but were themed or topic-based interviews aiming to discover the roles people had played in this development. Howard Mitchell (1998) argued from the standpoint of redressing the imbalance when he interviewed hospital nurses as well as residents to obtain a more representative picture, and other recent research has sought to fill gaps in understanding by interviewing hospital staff (Stuart 1998; Gittins 1998; Stevens 1999).

Potts and Fido (1991) consulted three different sources when researching the history of a learning disability hospital: the residents and ex-residents of the hospital; the hospital's extensive archives; and some ex-staff. They used information from these latter two sources to 'corroborate memories and identify which era people were discussing when this was not clear' (Fido and Potts 1989: 31). They found that oral testimonies often acted as a corrective to the statements contained in official documents. Though they

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do not discuss their methodology in any detail, in particular as regards issues that may have arisen in the archival research, their approach provided a useful model for a history of the hostels and their place in community care.

Walmsley and Atkinson (2000) have made a powerful argument for including all three sources - people with learning difficulties, archives, and others who may have been involved in the history - in conjunction in researching learning disability history. They take issue with the arguments of both the self-advocacy and advocacy movements who, while championing the views of people with learning difficulties, ignore or sideline the views of supporters, professionals and families. They suggest that as a consequence of such an about-turn, 'the history developed in self-advocacy circles is a one-sided history' (2000: 186). They found that the information from oral history interviews with ex-staff, officials or families was valuable factually and also provided an insight into the ethos of the time. It could be compared and contrasted to the stories of people with learning difficulties. Both, in combination with documentary sources, enabled the construction of a rich, and complex history which was otherwise unachievable and which would have been only 'half a history'.

The 'multiple approach' could be accused of being a regressive return to the trap of an 'official' or a 'professional' history. The (until now) dominant official voice has a habit of re-emerging as the privileged voice. Borsay's note of warning is important: '....it is all too easy for the progressive [i.e. Whiggist] ideology to reassert itself, elevating individual actors to positions of prominence without properly placing them in relation to the structures of their society or questioning whether the services which they sponsor are acceptable to the recipients' (Borsay 1997: 135) One way that this is

avoided in the literature reviewed above is that the oral testimony of the people with learning difficulties is given equality with other testimony in the argument. The pivotal point made by Atkinson and Walmsley is that it is not a case of the accounts by different players 'being 'better' or more authentic than accounts drawn from the traditional historian's sources...but an additional resource....' (2000: 99). Mary Stuart goes further in stating that she prioritised the life stories of the women with learning difficulties whom she interviewed. Her oral history interviews with professionals enabled her to 'test [her] observations and analysis of data', but she was 'primarily concerned to hear the stories of the women who were least listened to, the women who had been 'put away', rather than the professionals... who had cared for them' (Stuart 1998: 54).

A multiple method would accord well with an approach adopted in the general literature by those historians who, while advocating the greater awareness of the construction of history offered by post-modern de-mystification, at the same time reject the total relativism of some post-modern positions. They endorse a position which describes a historical search for truth which is nevertheless based on the belief that 'since no one can be certain that his or her explanations are definitely right, everyone must listen to other voices. All histories are provisional; none will have the last word' (Appleby et al 1994: 11). This stance, recognizing diversity rather than the possibility of 'over-arching truths' (Williams 1996:63), maintains that 'the sum of voices will reflect much more accurately the past in all its myriad ways' (Jenkins 1997:207).

The method adopted to interweave different voices needs to give clarity and value to each one. Though the stories may be different and told from a different standpoint, they do not therefore negate or invalidate one another

but contribute valuable material towards a complex history. How to achieve this interweaving, at the same time empowering the research participants, was a major consideration as I explored the literature. In the event I drew on two approaches in particular. The first, the Group Dimension, I have already discussed. It provided a forum for discussion as well as analysis, and interpretation, and a way of returning ownership of the research to the participants. The second arose out of the review of the general literature. It became clear as I explored the multiple methods approach, that one of the most productive methods allowing a complex interplay of voices might be the focusing on specific points of change or border crossings in history, highlighting those points or intersections where change occurred in individual lives, or in hostel policy (Bogdan and Biklen 1992). I have discussed the idea of 'border crossings' as an analytical tool as explored by the geographer David Sibley (1995) in Chapter 2. His approach resonated with learning disability history in that he sought a way of exploring and explaining boundaries of all kinds, physical and metaphorical, ambiguous and rigid, created in the community for marginalised people by those more powerful. This approach also offered a method of organising the use of 'multiple' triangulation.

5. Triangulation

The literature shows that despite continuing doubts, there is evidence that some historians are becoming aware of gaps in their evidence if they depend solely on one or other of the chosen sources, and are instead advocating a triangulation of sources. Gwyn Prins argues that 'No historian of modern high politics steeped in the public records, can expect to be read with confidence if oral sources have not been employed (1991: 135). In

New Perspectives on Historical Writing , Jim Sharpe advocates the writing of 'history from below' as providing a means 'for restoring their history to social groups who may have thought that they had lost it, or who were unaware that the history existed' (1992: 36).

In much of the social research literature on 'data collection', triangulation is used to verify information (Foster 1996). Macdonald and Tipton (1993) follow Scott (1990) in identifying the problems of authenticity, credibility, and representativeness. The 'leitmotiv' throughout their discussion of archival research is 'the notion that in documentary research everything must be checked from more than one angle' and they advocate Denzin's (1978) proposal which combines documentary research with oral history as a way of cross-checking. Munck and Rolston provide what was effectively a blueprint for an approach to triangulation, in that 'every piece of oral evidence that could be, was checked against a range of written sources' (Munck and Rolston 1987: 12).

Rigid approaches to triangulation are not however, without their critics. Tim May highlights an issue in this approach when he critiques Denzin's prescriptions for triangulation 'which often read like a positivist desire to mediate between sources of data in the search for some 'truth' about the social world *independent* of people's interpretations and creations of it' (May 1996: 130). In some of the feminist and social history literature the approach is that triangulation will add to the richness of the topic, rather than acting solely as a check (Ristock and Pennell 1996). The combination of retrospective oral history accounts and contemporaneous archival sources, broadens the perspective. In my research, triangulation of sources was used in order to enrich , to broaden and to include, as well as to check

dates and sequence of policies, in the spirit of constructing a history from many points of view (Mitchell 1998).

One of the archival sources beginning to be used in case studies in learning disability history but still relatively unexplored, is the photograph (Jackson 1997). In the next section, therefore, I explore some of the claims made in the literature for photographs - in particular informal snapshots - as a vital ingredient missing from conventional documentary research.

6. *Photographs as Documents*

I wasn't a ghost after all.

I breathed, I ate,

I walked

Mirrors caught my reflection

I wore something or other in such and such a
colour

Somebody must have seen me

(Wisława Szymborska)

A review of the literature revealed several research projects closely allied to the field of learning disability which had used not only documentary evidence from archives but also photographic evidence in new and specific ways (Dowdall and Golden 1989). Historians and sociologists are beginning to use photographs as powerful documents to be analysed rather than as 'factual' illustrations alone (Bell 1998; Jackson 1997). Fox and Lawrence (1988) have criticised historians for not heeding John Berger's warning that photographs, like other documents, do not unambiguously reveal the past. They are not simply a supplement to a written text, but need de-coding and analysing in the same way as any other document (Dowdall and Golden 1989).

Some scholars have begun to emphasise the value for research of informal as opposed to the formal, official photographs, and in particular there has been an interest in photo albums and family snapshots as documents of social life (Walker and Kimball Moulton 1989; Spence and Holland 1991; Annette Kuhn 1995). Roy Porter, while acknowledging that photographs can be contested sites, emphasises the documentary value of 'street snapshots' (Porter 1991: 211). Spence and Holland claim much for the ordinary family snapshot which operates, they say, between personal memory and social history, and is capable of helping to construct a new history 'from below'. This new history develops by 'working itself out through the detail of everyday life... and reclaimed from records, like snapshots, which are outside the authority of legitimised knowledge' (1991: 14). Walker and Moulton see the album's particular value - whether it is a family album, an event record, a travel album, or an autobiographical album - in the fact that it is composed of both a set of photographs *and* the accompanying personal narrative, becoming a 'common but important device through which people make lasting statements about their lives and the things that are important to them' (1989: 159). Tagg throws doubt on 'amateur photography's power to escape the 'narrowly restricted range of codes...reducing it to a stultified repertoire of legitimised subjects and stereotypes' (Tagg 1988:17 & 18). It is argued by several writers, however, that this theory of the supposed 'naivety' of family snapshots should be questioned (Williams 1986). Following Spence and Holland's approach, I analyse both snapshots and albums in the research for the additional historical evidence they offer, and their capacity to fill the gaps and open a 'window into a world' of everyday life in the hostels (Dowdall and Golden 1989: 184). Though family snapshots are selective and by their nature would seem to imply a limited viewpoint - for example, only recording happy memories - analysis, deconstruction as described by Annette Kuhn

(1995), or the use of the narrative approach can begin to reveal the world behind the photograph.

The methodological review revealed photographs, and snapshots in particular, as a neglected source. Such material has the potential of enriching the history. It could also claim a stake in that history in a hitherto unexpected and unexplored way. Biographies alone, oral or written, are not the only way in which to portray the ways in which 'people themselves create culture' (Munro 1998: 9).

In the final Section, I discuss empowerment and some of the ethical issues that arose in the literature on biographical and auto/biographical research and archival research with people with learning difficulties.

Section 3. Ethical Issues and Empowerment

Gallagher, Creighton and Gibbons, in their article on 'Ethical Dilemmas in Social Work' (1995) show that it is not enough to have a clear philosophy at the start of the research. There are, they say, major limitations in allowing researchers to rely on their own values in determining how ethical dilemmas should be solved. Firstly, there is the arbitrary nature of this approach because 'ethical values are related to both professional background and gender', and there are two distinct views of ethical behaviour in this area, the teleological and the deontological. Secondly, this approach can be criticised because individual values 'may be no more than a reflection of self-interest' (1995: 302). John Swain et al discuss drawing up Codes of Ethics before each piece of research, but these have their limitations because 'the research process is inherently fraught with ethical dilemmas that cannot be predicted at the outset...there is a danger that

researchers see their responsibilities as fulfilled within an a priori approach' (Swain et al 1998: 33).

The literature revealed ethical issues particular to the writing of history with people with learning difficulties which were ongoing throughout the research process. I discuss these issues within the framework of the debates on emancipatory and participatory research. The main ethical questions relate to the issue of who has the power and control over the many different areas of the research. Much is claimed for the new process of 'giving a voice' to people with learning difficulties, but in fact, how empowering can this be?

Emancipatory and Participatory Research and Issues of Power and Control

The growing literature on both *emancipatory* and *participatory* research methods is in response to the realization that life history and oral history research as described in the first half of this chapter is not necessarily empowering. Sociologists and researchers in the disability movement (Oliver 1992; Zarb 1992) have sought to move the argument further, setting emancipatory research methods as the ultimate goal. *Emancipatory research* implies that the research is initiated, set up, and wholly owned and controlled by disabled people: they set the agenda, they organize the funding, and the research is intended to bring about change (Oliver 1992 & 1996). In contrast, Mitchell defines *participatory research* as 'that in which people traditionally seen as subjects actively participate in the research production process' (1999: 94). It is work in partnership, but, unlike emancipatory research, 'it is within the restraints of current material relations' (Mitchell *ibid*: 98). She sets her own work within the

participatory method, defining it as less ambitious than emancipatory research, but realistic as an aim, and not losing sight of the ultimate goal of emancipatory research for people with learning difficulties. Several writers warn of the difficulties of participatory research with people with learning difficulties (Barton 1996; Stalker 1998; Walmsley 1997a). Mitchell's view is that the issues are very much alive and that 'the boundaries are expanding' (1999: 119). The co-researchers in Mitchell's research have written about their role: 'We are research people...We can do a lot more than people think we can...Researchers should think hard how to help people take part in every bit of the research' (March et al., 1997).

My aim in the research was to co-construct a history of community care with people with learning difficulties, the research participants or 'life-historians' not only having 'a voice' but knowingly participating in finding and researching their own history. The methodology literature suggested that it is the degree of participation in research which raised ethical issues. Feminists have suggested that 'there is nothing inherently liberatory about life history research' (Munro 1998: 12), and have been concerned with the danger of exploitation of the informant by the researcher, calling for a move towards more fully collaborative research (Ristock and Pennell 1996; Ann Oakley 1981; Ruth Finnegan 1992; Gluck and Patai 1991). Petra Munro felt uneasy with the 'potential colonizing effects' of life history research (Munro 1998: 12). Scholars researching in both the disability and learning disability fields warn about the dangers of exploitation and manipulation (Oliver 1992; Swain et al 1998). The 'excluded voice thesis' (Booth 1996) is not a simple solution but raises as many ethical issues as its predecessors. Stalker warns of the danger of temporary and transient research relationships with 'vulnerable people' (1998:10).

The recognition that there are many different vested interests, whether of academics or researchers, have meant that researchers have tried to resolve the issues of power and ownership in learning disability research in various ways. One viewpoint is that at this stage in its development, the history of learning disability still needs researchers who have skills and knowledge to enable it to proceed (Walmsley 1995; Atkinson 1997). Mabel Cooper has written about her research partnership with Dorothy Atkinson: 'The story was important to me because I've been wanting to do this for a long time and I wouldn't have been able to do it, only I met you [Dorothy]' (Cooper forthcoming). Cooper also wanted to share the 'ownership' of her published life story with her 'scribe' : 'I would like you [Dorothy] to put your name on it, in a part of it. ... If it wasn't for you and the college, I wouldn't have had it done. It would have been something I wouldn't have been able to do on my own' (1997: 9). David Barron has written his autobiography with the help of a co-author, Edwin Banks (1996).

A response to the challenge regarding ownership thrown down by Aspis (forthcoming) has been that the history of learning disability also belongs to others who had a role within it, such as nurses, doctors, medical superintendents, mental welfare officers, social workers. Duncan Mitchell (forthcoming) has described his work in interviewing nurses who had worked in a learning disability hospital. He suggested that it was their history too, and that they also had been marginalised as a group. He held that their stories were also valuable contributions to the history.

The dilemma for researchers in learning disability is, in the face of the many challenges, *how* to work within the different research methods, or devise new ones, to enable people to have power in the research, and, having decided on a partnership in research which cannot of its nature be

on completely equal terms, how to avoid the ethical pitfalls of exploitation, and how to promote equality as far as possible. I shall discuss these dilemmas as they arise in the literature, in the following sub-sections.

1. Access Issues

Issues of access are dealt with rarely in the general literature. Walmsley (1994) finds brief reference to them in Plummer (1983), and none at all in Thompson (1988), though Foot Whyte (1955) does describe in detail his access routes into Cornerville using anthropological methods.

Walmsley highlights the fact that ‘finding respondents throws light on the perceived differentness of people with learning difficulties, and the stigma associated with the label’ (1994: 70). A reluctance on the part of the researchers to use the label to explain why they are interested in doing research with a group of people with learning difficulties means that the access routes - such as advertising - suggested by Yow (1994) and the anthropologists are not often open. Alternatively, it is claimed that the use of insider status by the researcher can limit the span of the research. A historical study which focuses on locality, is however, better placed to take advantage of insider status, networking, and the use of intermediaries to find participants, because the nature of the research in fact implies the need to limit its scope. In such a case, the use of intermediaries, despite some problematic results through lack of direct control (Walmsely 1995), can provide a useful snowballing process. An awareness of the advantages and disadvantages of being an insider researcher, and of the ethical dilemmas that might arise is discussed by Howard Mitchell (1998), who emphasises

the importance of acknowledging clearly the influence of insider status within the research.

2. *Who initiates the research ? Agenda setting*

Those who initiate research have the most immediate power over it. Much of the literature was clear that agenda-setting posed a problem for researchers who were endeavouring to empower the research participants. Ristock and Pennell describe their 'reluctance to become one more researcher imposing a research agenda ...' and yet their conclusion that: '... if no one launches the study, how does it get under way ?' (1996:16). Lloyd et al (1996) have raised many issues concerning agenda setting by disabled people.

In the field of learning disability this at first seemed an intractable problem to many researchers. Walmsley (1995) has written about 'the challenge of agenda setting' for people with learning difficulties who have, even with the development of their role as participants in research projects over the last ten years, been excluded from the original planning stage, and certainly from the discussions concerning funding and steering. This is an issue of ownership, because, as Atkinson says: 'The research may be about them, it may concern their lives, past and present, and it may have consequences for them - but how does it become theirs?' (1997: 131). She makes the point that 'The *Past Times* project was my initiative. I had the idea, and invited people to join a history group based on my agenda and aims. In all those ways I owned the research' (1997: 131). One way round the problem is to allow for a flexible research method. Walmsley points to the importance of allowing participants to change a pre-set agenda (1995), and Atkinson's

experience was that though the *Past Times* project initially had an agenda imposed upon it, people worked from the inside to change that agenda and assume power within the research relationship. People with learning difficulties are themselves beginning to set the agenda, though there are difficulties with funding and research grants (Aspis forthcoming). Mabel Cooper (1997) had the idea of telling her life story twenty years before she was eventually able to record it; and the idea for sharing memories that became the book written by Potts and Fido (1991) together with 17 hospital residents, came from the residents themselves.

An important factor in enabling active participation, is the type of research relationship and the priority given to explaining the aims and outcomes of the research.

3. The Research Relationship . Issues of empowerment in explanation and consent

Taking their lead from feminist writers (Mies 1983; Gluck 1991; Patai 1991, Chamberlain 1983), researchers in the learning disability field have focused on the social relations of research and the issues of empowerment within it (Walmsley 1994; Goodley forthcoming; Mitchell forthcoming). Acknowledging that participatory research is not necessarily liberatory, researchers continue to seek ways of ensuring that it aspires to empowerment and addresses the issues as far as possible.

Issues of explanation and consent are fundamental to participatory research, and yet these have been only summarily dealt with in much of the general literature, with some complacency about the outcomes, and a great deal of 'permission' given to oral historians (Thompson 1988). Without

enabling people with learning difficulties to have an understanding of the research, it cannot be claimed that they have power within the process. Their ability to participate and to challenge or change the agenda would be limited.

Some researchers in learning disability have used intermediaries in the first instance to explain the project (Booth and Booth 1994). However, using an intermediary to explain the research is not always straightforward.

Walmsley comments that, 'It was not always clear that the person involved was actually consenting to be interviewed, so much as feeling she had no choice' (1995: 73). Atkinson had a similar experience when she heard herself described in these terms: 'She must be very important, asking us all these questions' (1989b: 69). Swain et al (1998) list the inadvertent pressures put on the prospective interviewee to take part in the research and questions how far consent can ever be voluntary, as does McCarthy who controversially asks whether 'genuinely informed consent for the whole research project is actually necessary' (1998: 143).

As well as using intermediaries, researchers have devised other methods of explaining the research, such as Information and Consent Forms, though these are not always satisfactory either. Walmsley (1995) found that consent issues remained problematic, despite her use of forms. She felt that people had little idea of what 'research' meant, and why it was done. Recent American research has highlighted the problems attached to 'meaningful involvement'. Heller quotes some comments by research participants: 'Didn't know what research was about. I signed because I couldn't read. People asked me to sign by authority. Will not speak up because I'm scared' (1996: 144).

Other studies have, however, been more optimistic. Atkinson (1997) and Mitchell (1999) have described the way their co-researchers both understood the research and guided it. March et al recounted their first meeting with Mitchell, and how it came about that they agreed to do research with her: 'Paula came to a Hackney People First meeting. She said she had research to do. We had a vote on who wanted to do the research with her. We wanted to take part in this to help ourselves, and to help others. Paula thought we would be the proper people to do it so people with learning difficulties can be in control for a change' (1997: 77). As historical research with people with learning difficulties is relatively new, however, special efforts need to be made to explain the historical process. The literature shows that as the particular research project progresses over time, a learning process also takes place, and people develop new historical skills (Atkinson 1997).

Building trust was seen in the literature as the important first stage in creating an empowering relationship, and in enabling people to have the knowledge and the confidence to give informed consent (Booth and Booth 1992). Researchers varied in the degree to which they found that building trust needs time at the outset (Walmsley 1995; Edgerton 1967; Mitchell 1999), and then, echoing concerns in feminist literature concerning exploitative relationships (Patai 1991), many found that the research relationship, having been carefully nurtured was often difficult to end (Atkinson 1993; Stalker 1998). These ethical issues concerning knowledge and the research relationship were present throughout my research and I describe ways of solving them in the next chapter.

Within the interview itself there are issues of power. Interviews are an interactive process, different interviewers can hear different things

(Atkinson and Williams 1990; Bornat 1993). Sharing data analysis with the research participants could be one way of approaching this issue. Finally, therefore, in this section, I discuss one of the most controversial ethical issues being presently debated in the literature. Many of the issues of empowerment in participatory research are exemplified in the question as to who analyses the research data.

4. Data Analysis and empowerment

Two issues in data analysis are particularly problematical for learning disability research. The first is a question of ownership and asks: who does the analysis ? The second questions the need to do analysis at all, suggesting that the testimonies can stand alone.

The response in the literature to the first question is ambiguous. It recognizes the desirability of empowering research which encourages joint analysis with co-researchers, but doubts the extent to which it is possible. Goodley (1996) remains sceptical that people without experience can, at this stage in the development of learning disability research, be truly involved in analysis. Aspis' view, as presented by Walmsley, is that the norm is for people with learning difficulties to contribute their personal experiences to research projects, but that 'others take on the job of interpreting them' (1997: 71). Walmsley asks whether 'this represents a failure on the part of people like myself to enable people with learning difficulties to contribute in this way, or whether we must accept this as a result of the impairment itself' (1997: 71). In analysing information, the researcher may often be 'aware of alternative interpretations' (Opie 1992: 63). Walmsley (1994) questions whether negotiating over meanings and interpretations is always possible with people with learning difficulties.

Minkes et al. (1995) also experienced difficulties in involving people with learning difficulties in data analysis, and Stalker (1998), while discussing the issues, did not include people in data analysis.

The second question - whether to do analysis at all - is also an issue in feminist empowering research which 'highlights the tension between giving voice to women's experiences and analyzing these voices' (Ristock and Pennell 1996: 79). Chamberlain refused to analyse her interviewees' life stories. She wanted them to remain intact and related to individuals: 'I did not want those memories to be plundered, treated as inanimate documents, for evidence in support of a singular point' (1983: 1). Bogdan and Taylor (1983) also wanted Ed Murphy's story to stand by itself, without analysis. Goodley sees this resistance to interpretation and the 'balancing act' between the social and the personal as being in danger of 'reducing individual stories into nothing more than sound-bites' (1996: 343).

The somewhat bleak choice for the researcher is represented in some of the literature, therefore, as being between presentations of life stories as 'fragments', or whole stories as 'soundbites'. My own pre-set research agenda called for analysis and the deriving of themes and explanations from my data. The issue of fragmentation, and the danger of the 'disappearance' once again of the interviewees was therefore one that exercised me considerably in the organization of the research. In the research I have, by choosing several different research methods, encountered the whole gamut of issues, but also attempted to surmount some of the problems. Atkinson's analysis (1997) of the characteristics of the different methods goes some way to respond to the dilemmas by suggesting that there are more than the two choices outlined above, and that the group can be an empowering mechanism and above all act as a forum

for analysis, at the same time enabling the stories to be told and interpreted against a 'social and historical backcloth'. The group dimension and the auto/biographical method, offer a way out of some of the dilemmas, with a method that denies fragmentation, but ensures that by contextualising the testimonies, they avoid becoming disembodied 'soundbites'. Even then, and returning to the first question raised in this section as to who does the analysis, the issue remains that it was Atkinson, and not her co-researchers, who wrote about and interpreted the testimonies, and the history. As Goodley says 'it remains to be seen exactly how researchers can truly involve informants with the conclusions that are made' (1996: 344). The group offers one way of solving the problem of the all-powerful researcher who has the advantage over the participants of having an over-view of the data. In the group it is possible to discuss broad issues and share ideas; the group has the opportunity to contribute emerging themes and interpretations, and in this way to have some ownership of its history. Potts and Fido (1991) found that reading each chapter to the group stimulated further memories, and Atkinson's readings resulted in a genuine collaborative effort (1997). Mitchell (1999) has pushed the boundaries further by discussing theory with her co-researchers, enabling them to have a genuine role in data analysis.

For reasons of both time and confidentiality, researchers have found, however, that they still had the role of analysing individual interviews (Walmsley 1995; Mitchell 1999). Walmsley used grounded theory methods which resonated well with her aim of generating new and unexpected findings. There is a danger in following grounded theory methods too rigidly and thereby missing contradictions and complexity which might not be capable of being dealt with by grounded theory which looks for patterns and links. Glaser himself has criticised Strauss for turning grounded theory

into a prescriptive model (Coffey and Atkinson 1996). I therefore decided to be selective in using those aspects of grounded theory which would aid the analyses of multiple sources and their cross-referencing, and would continue to facilitate the deriving of surprising themes.

Issues of confidentiality such as those noted above regarding data analysis arose in other areas of the research, and I discuss these in the next section.

5. Issues of Privacy and Confidentiality

Issues of confidentiality raised in the feminist literature are two-fold: the right to be anonymous on the one hand, and on the other, the right to have a voice and gain a place in history (Yow 1994; Summerfield 1998). Yow has spoken of the 'highly problematic' issue of confidentiality in oral history and the varying 'degrees' of anonymity (1994: 93). This issue also arises for the historian of learning disability because of a recognized need for particular attention to be paid to confidentiality and anonymity issues. Two reasons are put forward in the literature for the need for anonymity. One is the perceived vulnerability of people with learning difficulties who have not until recently been able to speak for themselves or control their own lives (Swain et al 1998). The second is the shame and stigma attached to having a learning disability, which has caused some families to deny or hide the fact as far as they can (Edgerton 1967).

As my aim in the research was to empower people with learning difficulties as historians, this involves enabling them to claim authorship for their work. It becomes an issue of adult status, and depends on time being taken to explain the type of research, the implications and the likely outcomes in

the form of publications or a thesis. I argue that this is another area where negotiation and clear information mean that the people with learning difficulties can move towards further controlling the decisions as to their status, and their ownership of the research. Historians can only reveal effectively and ethically through a partnership with co-constructors of the history who, with their advocates if needed, will be the arbiters of their own confidentiality and privacy issues.

There are particular ethical issues in archival work, where the challenge is to create a delicate balance between offering and ensuring confidentiality for people who do not have control over, or very often, knowledge of, their records, on the one hand, and yet enabling choice, and adult status for people who may at last be able to talk about their lives, and wish to see records and claim authorship for their work. The use of anonymity, which is one way in which social researchers approach the problem of a sensitive subject (Swain 1998), raises issues which Jackson calls 'very close to plagiarism' (1987: 271). The historical tradition describes places and people in history and identifies and names them. As Yow says, 'One of the necessities in reviewing a historian's conclusions is that others will have access to the same documents. If the source is anonymous and identified only by a pseudonym, how can the veracity of a statement be judged?' (1994: 94). The dilemmas for historians remain. Potts and Fido, though writing a history of a hospital for people with learning difficulties, were asked by the hospital authorities not to name the hospital, and they also gave assurances to their informants that they would not be identified. The historians Gittins (1998) and Stevens (1999) both offered anonymity to their interviewees. Researchers who name and locate the source of material, risk starting a process whereby others could find out confidential details about informants; but if they do not name the source, any claim to be

writing a history is undermined. The ethical issue is two-fold: to protect privacy, and yet to use the archive to correct imbalance and neglect in social history.

As more people with learning difficulties themselves are becoming involved with history writing, some of these dilemmas will be less acute. Co-researchers, becoming increasingly historically aware, will give or withhold their own permissions regarding archival material (Cooper forthcoming; Atkinson 1998). Acknowledged authorship is one route towards empowerment, ownership and control. One way of developing an ethical approach to the issues of anonymity and privacy in both oral and archival research is the inclusion of people with learning difficulties in the research process as a group of co-constructors of the history, and this was the forum I chose in the research.

Conclusion

Although the discussion in Chapter 2 focused on the many different interpretations of the concept of 'community care', it was also noted that one was often missing: that of those experiencing hostel life and community care. The discussion in this chapter has revealed pioneering work and new and rapid developments in learning disability research methods to address this omission, but also the methodological gaps that remain in each of the major disciplines under review: historians still tended in the main to leave out the views of people with learning difficulties; sociological approaches either did not always highlight, analyse or even include documentary or photographic evidence or else advocated rigid triangulatory check-ups; oral history until recently neglected the testimony of people with learning difficulties. The chapter has revealed that although

the voice of people with learning difficulties is now beginning to be heard, and although there have been useful developments in interview techniques, their role in historical research is still regarded as problematic, the 'weak voice'. Participatory research, combining life history methods from several disciplines offered a route out of this dilemma towards co-writing a history of community care.

I therefore decided to use multiple approaches, drawing on all four of the methods described in this chapter: auto/biography with its potential for a central role for people with learning difficulties as well as the inclusion of other voices ; oral history; the group dimension; and archival, including photographic, research. The overall framework would be case studies of the two hostels. The research would also draw on recent geographical research for the method of using the focus of 'border crossings', both physical and metaphorical, as a fruitful way of drawing together all the multiple voices , comparing and contrasting spoken and written views at specific transitional moments. The research would therefore itself cross several disciplinary boundaries, drawing on approaches from history, sociology, oral history and geography and combining them in a new approach to the history of community care. I chose the participatory method as the framework within which all the multiple approaches could work. The literature shows that this is by no means a simple choice and does not necessarily remove all problems. On the contrary, many dilemmas remain for the researcher.

This minefield of ethical dilemmas is summed up by John Swain et al., 'the possibilities for exploitation, invasion of privacy, manipulation, deceit and abuse of power are ubiquitous. On the other hand, the exclusion of voice is also oppressive' (Swain et al., 1998: 35). *How* to enable the voice to be heard effectively is a major challenge for researchers, and was a challenge

for this research. The next chapter describes the method I used, and the ways devised to face the challenges. Encouraged by Mabel Cooper's enthusiasm for the research experience in spite of its difficulties and pain, and the value she placed on her newly acquired role as historical witness in her own right, I began to undertake the fieldwork. Mabel said: 'And its been a great joy, I've enjoyed it and, for me, its something that, you know, I would do again' (Cooper forthcoming).

Chapter 4 Research Method: Data Collection and Data Analysis

Introduction

In this chapter I introduce the research sites, and the research participants. I then outline the data gathering and analysis, describing the application of the chosen research methods, and solutions to issues that emerged during the research from using these methods. I discussed in Chapter 3 the rationale for the choice of a research method which used multiple approaches, including biographical interviews with people with learning difficulties individually or in a group, oral history interviews with key informants, and, to complete the triangulation, archival research. There were four main strands to the data collection:

1. biographical (or life history) interviews with 12 women and men with learning difficulties, the life historians
2. oral history interviews with 29 key informants
3. participatory research with a group
4. archival research.

The data collection proceeded simultaneously. For clarity and because of the different methods required for each, however, I discuss them separately.

Before describing the way the research process developed, I introduce the research sites which were the focus of the case studies. I then introduce the

women and men who were the life historians, and those who were the key informants for oral history interviews.

Introducing the Sites for The Case Studies, the Life Historians, and the Key Informants

Research Sites for the Case Studies

There were two main research sites: Eaton Grange and Blofield Hall.

Eaton Grange is a hostel for women with learning difficulties now administered by an NHS Trust, but which originated as a local authority hostel in 1930 and then from 1948 was administered under a Hospital Management Committee by Little Plumstead Hospital, a long-stay institution for people with learning difficulties. It is situated close to the centre of the city of Norwich.

Blofield Hall was a Hostel for men with learning difficulties which was opened in 1952 and was also administered by the Hospital Management Committee until 1984 when the hostel was closed. It was in the country, seven miles outside Norwich, close to Little Plumstead Hospital.

The choice of these two hostels offered the opportunity of exploring through case studies both the daily life within the hostels, and their role in a broad interpretation of community care. Although Blofield Hall had a shorter existence as a hostel, the two coincided at a crucial time in the history of community care, from the 1950s to the 1980s. The multiple methods approach enabled a comparison between their history as recorded in local and national records, and their history as experienced and testified

to by those who lived or worked in them. The hostels provided the 'sites' where many border crossings took place between one type of care and another, and between institutions and community, and so therefore enabled an exploration of their place on the continuum between institutional and community care. Case studies enabled comparability in terms of both gender and location. The longer history of Eaton Grange - 1930 to the present day - also enabled a construction of the earlier history of community care in Norwich and the role within it of a local authority hostel. As sources, the hostels offered the possibility of existing archive material, as well as the chance that many people involved in their history might still be alive and willing to be participants in the research.

The Life Historians (See Appendix 1)

Eaton Grange	Blofield Hall
Jean Andrews, Freda Eagle, Marion Green, Pauline Masson, Hilda Peel, Jacky Swinger	John Andrews, Sidney Crown, George Gladman, Victor Hall, Ronny Hendry, Douglas Lanham

The term 'life historians' was suggested in the literature as an alternative to the more objectifying labels of 'subjects' or 'respondents' and I chose it as being particularly appropriate to historical research (Munro 1998). The criteria for the choice of the life historians was that they had lived at some stage in their lives in one or other of the hostels, and that their age range spanned the period 1930 to 1980. This enabled me to explore the changes and continuities in hostel life, as well as the effects of national and local policies on the role of the hostels as felt by the residents. My aim was that participation would not be limited to those who were verbally fluent, but

would include people who might have communications difficulties who are still very often excluded from historical research.

In the event twelve people - six women and six men - became the life historians in the research. They had moved into the hostels at different times, though several of them overlapped in time. Marion Green was the first of the women to go into Eaton Grange in 1943, Pauline Masson the last in the late 1970s. Freda Eagle, Hilda Peel, Jacky Swinger and Jean Andrews arrived one after the other and lived there together in the late 1960s and early 1970s. George Gladman and Victor Hall were two of the first residents of Blofield Hall when it opened in 1953, and they were joined at intervals in the late 1960s and early 1970s by Ronny Hendry, Douglas Lanham, Sidney Crown and John Andrews. Jean and John Andrews had married in 1980.

All the life historians had at some stage been labelled as having learning difficulties. Three found speech very difficult.

The Key Informants (See Appendix 2)

4	Administrative Staff
9	Medical Staff
2	Hospital Social Workers
4	Social Workers, Mental Welfare Officers and Volunteer
10	Employers

I discussed the rationale for including the evidence of key informants in Chapter 3. My conclusion was that a full and rounded history of the two hostels would be impoverished without information from some of those involved in the running of the hostels. This information would be different in nature from that sought from the life historians in that it would not be life stories but would serve to fill factual gaps, to supply dates, to reveal attitudes, to contribute another view and another set of discourses. In the event, several of the informants in these groups also wanted to tell me their life stories, and thereby contributed further material to the research.

The key informants in the research were:

administrative staff who had been associated with the two hostels

medical staff including nurses and consultant psychiatrists who had worked in the two hostels

hospital social workers, local authority mental welfare officers and social workers, and a volunteer with social services

employers of women and men with learning difficulties who had worked out from the hostels.

My criteria was that informants should include people who had lived at different times in order to cover the period 1930 to 1980. Some of the key informants knew several of the life historians and were their intermediaries. Others were interviewed for the information they could give on local policy implementation and changes.

The key informants were decided upon at the start of the research. I remained open, however, to suggestions from the life historians as to other people they might wish to include. At their prompting, for example, we interviewed together two of the nurses who had played a part in their early lives in the hospital, and who they felt could add details to their life stories. I believed that their families could also have proved useful informants, but in the interest of adult status felt that this suggestion should come from the life historians. Some were still in touch with siblings, though all parents were dead, and in the event, though they kept their families informed about the research, the majority did not feel it necessary to call on the evidence of brothers or sisters, many of whom had been out of touch for large periods of their lives. John and Jean Andrews did encourage me to talk to John's foster mother, but she was unwell and died during the period of the research. They also introduced me to John's sister at a social occasion. On the whole, the life historians preferred to tell me their own life stories without help from their families.

Ethics and empowerment: the research process

The literature provided guiding examples: the participatory method I used enabled people with learning difficulties to have more control over the research. I adopted an approach which would allow for flexibility in the method and changes in the agenda as historical awareness among the life historians grew. I kept a diary, similar to Atkinson's diary (1997) and Mitchell's log (1999), to reflect on the process and in particular to sort out the many ethical and empowerment issues that were not yet debated in any depth in the literature. The diary was also the place where themes began to emerge, patterns were noted and connections made. It kept alive the issues

- both methodological and historical - and when I shared them with the participants, it enabled me to have to hand detailed examples to debate and try to solve and then move forward.

The following section discusses the research process as it relates to the first of the four strands of data collection: the biographical interviews with the life historians.

1. Biographical Interviews with the Life Historians

Finding the life historians

Personal contacts enabled me to meet the first life historians. The process then became one of snowball sampling, with suggestions and introductions from staff who had once worked in the hostels, a social worker, a volunteer at the social club, an Adult Education tutor and, ever more frequently, from the life historians themselves. Snowball sampling was chosen as the method of locating participants because other methods such as advertising would be unlikely to work with a group of people some of whom would not be readers or likely to buy newspapers regularly. This process was the same as the method of initial contact for the key informants, and therefore resonated well with the philosophy of the research which advocates equal status for all the participants. Being limited to particular networks which is seen in some of the literature on snowballing as a disadvantage (Arber 1993) was precisely what I needed for the case studies.

Explaining the Research and Informed Consent

The life historians heard about the research initially from intermediaries, and subsequently agreed to meet me to hear more details. The intermediaries were either ex-staff from the hostels, or people with learning difficulties who introduced friends or acquaintances who had lived in the hostels. Only one person who was asked declined to join the research, giving as his reasons that he did not want to revive painful memories. With this one exception, the role of intermediaries was a positive one. Two of them became key informants and members of the Group; and four took on supporting roles during the first biographical interviews, having the role of counsellors or supporters if needed during the course of the research. As Marion lives in a hospital, I had to go through a series of gate-keepers including an Ethics Committee, her consultant psychiatrist, Ward Manager and Key-worker before finally meeting her, her key-worker having the role of intermediary. This process meant that her privacy was safeguarded and that she also had support if she needed it during the research.

Explanations and consent-giving were not expected to happen solely at the start of the research. I anticipated that the research would change as it developed with the continuing input of the life historians, and that therefore there would be ongoing explanation and negotiation (Peace 1993). John Swain et al make the point that 'full explanation of the research is not possible at the outset'...it is a 'continuous process to be re-affirmed as the research progresses' (Swain 1998: 28). Nevertheless, as Walmsley writes, 'If research is to be a partnership, it seems crucial that the aims are shared' (1994: 89). Certainly, the nature of participatory research means that discussion of aims and meanings is an essential ongoing part of the process. I felt, however, that an initial proposal was needed, especially in

view of Atkinson's findings that a clear statement of the historical purpose of her *Past Times* project at the outset, owned by all the participants, would have avoided some confusion and smoothed the process (Atkinson 1997). I therefore needed to explain the research intentions as they stood at the start of the research, in order to gain initial consent.

My diary entries describe the concerns surrounding both explaining research, and obtaining informed consent. The concerns centred on questions as to how the researcher can know that people with learning difficulties (or any informant) has truly understood the aims and implications of the research, and therefore whether 'informed consent' is possible. I was concerned to impart a sense of history.

The Information and Consent Forms were therefore designed with the aim of explaining briefly the research proposal as it stood at the outset to both life historians and key informants, setting out clearly the levels of involvement and confidentiality, but also having a historical focus (Appendix 3). I was concerned to design an appropriate form, and took the decision, therefore, not to illustrate the points with cartoons or drawings which run the risk of being patronising, but to use photographs, together with large clear print. Research has indicated that photographs help people with learning difficulties to make choices (March 1992). It was important that the wording of the forms was both encouraging and at the same time indicated that the participant could choose to leave the research at any time. This was a crucial balance. Whereas traditionally such forms are mainly concerned with confidentiality, and are also concerned to ensure and state clearly the routes for leaving the research (Ristock and Pennell 1996) in the case of people with learning difficulties who have not yet had much, or any, experience of research, a major aim of the forms is to encourage and

give confidence in the exercise, as much as to provide escape clauses. This point could also be made for those without learning difficulties who have no experience of research or researchers, and in fact might instead have a well-developed suspicion of the activity of research (McCall and Simmons 1969; Walmsley 1994).

In view of the doubts about consent voiced in the literature, I felt that I needed assistance from people with learning difficulties themselves in designing the forms. One of the intermediaries, an adult education tutor in a Training Centre tested the forms with her class. The class reported that the photographs were helpful, the size of print was 'good', and that the testers understood the meanings and implications of the forms (Adult Education Group, Sprowston Adult Training Centre 1996).

The forms were then piloted with six life historians. The Information Form had a dual role in that it also helped the intermediaries to understand and explain the purpose of the research. The inclusion of historical photographs in the forms gave participants a sense of history and their role within it. One prospective life historian, John Andrews, who had seen the forms and discussed the research with an intermediary (though not yet with me) shortly afterwards attended a public meeting held by the Health Authority at which he spoke about this new opportunity to describe his memories. There was a sense in which already, through the intermediary's discussion of the forms with him, he was aware of his part in the history of the hostel, and his new role in helping to safeguard that history.

At the first meetings with the life historians, during which I looked again with them at the forms, and discussed the research aims, the responses were

positive. Jean Andrews, on being asked if I could return to speak to her again, gave me specific instructions as to when I would find her at home:

I enjoyed it. Yes, you can come again. Come again when you want. I'm always here on a Monday. Come when you like, really.

She began to telephone me if she had not seen me for a while. If I arrived to see her without the tape recorder, anticipating a social call, she asked where the recorder was and why we were not getting down to business as usual. Victor Hall mentioned that he had a collection of photographs, and readily agreed to a second meeting at which he offered to bring some of his many photograph albums.

The willingness, in fact, eagerness, to speak to me a second and third time of course did not necessarily denote understanding of the research, and perhaps only enjoyment in reminiscence. However, both the words spoken when giving consent to future meetings, and the way they were spoken, lead me to believe that many of the interviewees had gained a sense of the importance of what they were doing and a growing sense of the past. Jean asked:

Do this, you know, what you write, what we tell you...now, do that help anyone else ? What I meant was...will it help anybody who's in there (the hospital) now?

Jean's understanding that the research might have a clear purpose became a leitmotiv for her in the following months.

The photographs on the forms were of particular importance for one of the life historians who was unable to read at all, and had some difficulty in communicating. Marion Green instantly recognized the photographs of the hostels, and, pointing to the one where she had lived, began to speak about her time there. The other photographs of Norwich in the 1940s and 1950s also inspired her to speak about her childhood as she pointed to them. The forms were important to her, and she instructed her key-worker to put them away for her. She always had them with her when I went to see her after that first visit, giving the impression that she felt some ownership of her life story, and some control over her role in the research. At the end of the second interview, Marion asked 'When are you coming again ?' and repeated this question with each consecutive interview. On one occasion, Marion, at 78 the oldest of the life historians, chided me:

You've been away a long while...three months....You haven't been for donkey's years. You'd better come soon...or I might be dead.

The responses to the photographs on the forms encouraged me to use photographs and historical documents throughout the interview process with all the interviewees (see later sections on Photographs).

The issue of confidentiality was discussed initially and then returned to as the research developed, the life historians having control over the editing of their own life stories. Two decided to remain anonymous, the others wished to be acknowledged for their role. John Andrews and Douglas Lanham were affronted by the idea of anonymity, arguing strongly against it. As Douglas said '*That's my name, isn't it ? I want my name to appear*'.

Walmsley has suggested that 'Except in a few cases I am certain that people were very hazy about my intentions in interviewing them' (1994: 89). She felt that '...consent issues remained problematic' (ibid). The issue of informed consent was not necessarily solved in the research by the use of the forms, although I suggest that the positive responses to the first (and subsequent) meetings indicated a measure of understanding and consent to continue with the process. The illustrated forms served as a useful introduction. Further understanding of the historical focus of the research was gained through the many discussions in the Memories Group and as the research relationship developed.

The Research Relationship: Building Trust

The literature on building trust indicated that this stage needed to be given time (Walmsley 1994). My initial plan, therefore, was to use the first interview as an informal trust-building meeting, to put people at their ease and explain the research, and to enable them to begin to get to know me through the introductions of the intermediaries. Atkinson (1989b) took gifts to set the tone of the meetings, and I also took a small gift, usually flowers or cakes, to show my appreciation of people's willingness to spend time with me.

In the event, trust building happened much more quickly than I had anticipated, on one occasion catching me off guard without my tape recorder, when Freda Eagle, inspired by the photographs on the Information Form, launched straight into her memories of Eaton Grange and then her whole life story. People were usually eager to start reminiscing as soon as they had seen the Information and Consent Forms. The reasons for the ease with which rapport was built up were unclear, but

probably varied with each participant. Edgerton (1967) speculated that it was because his interviewees were lonely and eager to find an ally or a benefactor. Some of the life historians had a large friendship network and busy lives, so loneliness was not a factor for them; others certainly had time on their hands and welcomed the company and the new interest. The initial presence of the intermediaries may also have helped, and the potential role of researcher as advocate may have influenced the participants. Enabling people to choose the venue for the interviews contributed to people feeling they had a sense of control.

Jean and John Andrews chose to be interviewed together at home on all five occasions. In their case, this was an advantage, as they gave one another the courage to start talking, and then prompted memories of different episodes in their lives. As trust between us grew, they talked more freely about their lives, each interview adding new information, and becoming increasingly reflective. Jean and Hilda also had joint interviews. Jean, who had known Hilda since they were young girls, introduced her as a likely life historian, and, because of Hilda's speech difficulties, she became her interpreter, offering her flat as the venue. Without this method, many aspects of Hilda's life story, and her contribution to the history of Eaton Grange, would have remained unrecorded. Contrary to the conventional advice from oral historians concerning joint interviews (Thompson 1988), for some people, therefore, being interviewed together gave them confidence and helped the building of trust.

Intermediaries, and control by the life historians over venue, both helped speed up confidence-building during the first interviews. My potential role as advocate may have had a similar effect. Two participants did, after a while, see me as an ally in times of difficulty. I was ready to take some

action on these two occasions had it become necessary. As it was, my role remained one of listener, and the crises disappeared. Feminist research on advocacy (Gluck 1991) warns against the aloof stand adopted by some interviewers. Booth and Booth (1994) took on the roles of advocates and friends during their field work with people with learning difficulties. Their position was that 'Building rapport demands a measure of intimacy that goes beyond the normal relationship between interviewer and informant' (1994: 26). Although Walmsley had intended to maintain the boundaries of the research relationship, in practice she was not able to do this (Walmsley 1994: 91). In Chapter 3, I discussed the pitfalls of exploitative research, and the danger of, as Kirsten Stalker (1998) says, 'parachuting in and out of people's lives', and these arguments from both feminist and disability research weighed more heavily in my approach than the cautions against close relationships developing (Allport 1947). The life historians had my telephone number which was on the Information Form. I have visited on a social basis, been invited to parties to celebrate anniversaries and birthdays, exchanged cards, and formed friendships which will last beyond the life of the research.

Power

I found that in the same way that there are 'degrees of anonymity' (Yow 1994: 93), there are 'degrees of power' within the research relationship. The 'relative powerlessness' of the interviewees, Walmsley (1994) suggests, was not specific to them, as she too was subject to power plays from the authorities during her research. It may be that a view of completely 'powerless' interviewees is as stigmatising as older views of people with learning difficulties and needs to be somewhat revised in the light of recent research (Goodley forthcoming).

I too was aware that power was not all on one side. For example, people decided the venues for the interviews and the length and numbers of the interviews. They had the power over who they wanted to be interviewed with, and they also suggested new participants for the research. As noted above, a finding of the research was that the forms and the photographs went some way to empower people, giving them understanding of the research and also the power to steer it into new channels. Their own snapshots also enabled them to steer the research into chosen directions.

I discuss the issue of empowerment further in the section on the Memories Group.

The Interviews

Six pilot interviews were carried out with three life historians and three key informants, and material from these interviews incorporated into the data.

Most people were interviewed at least twice, and some were interviewed three and four times. Drawing on aspects of the grounded theory method, I needed consecutive interviews to analyse, and then feed questions to the following interviews. As I have said above, the participants often instigated the second or third interviews themselves. There were also many other occasions on which I met the life historians. These included return visits to the hostels, social occasions, conferences, and also the Memories Group meetings, all of which gave me the opportunity to continue discussions on the research topic. These more informal discussions were written up as notes.

I used both tape-recorder and note-taking during interviews, though the majority were recorded, the tape recorder lending importance and validity to the perceptions of the research role. On three occasions only, taping was not possible. Jacky Swinger appeared very anxious when I showed her the tape recorder, and indicated that she would rather not be recorded. Instead, with her permission, I took notes as she spoke. This enabled me to have reliable quotations from her, as well as correct dates and events. Although some researchers suggest that note-taking can be intrusive (Stuart 1998), I felt that it was important not to rely entirely on my memory but to have the exact words whenever I could. I would argue that the way a story is told with all its gaps, hesitations, laughter or exclamations, is to be respected and recorded. I did not tape Hilda Peel's interviews, either, because of her speech difficulties, but again took notes *in situ*.. My diary, written immediately after the interview, revealed an unexpected advantage to this method: 'I realize that taking notes, rather than recording, does have the advantage of instant re-capping. I immediately read back most of the interview to Hilda who added bits to it...Seeing my notes seemed to give validation to her life. She said 'there's a lot there', looking approvingly at the notes, and Jean, her interpreter, said 'You'll be in a book, soon!!'. It emerged at that point that Hilda had some time previously written out her life story, and that she wanted to show it to me for me to use in the research.

I have discussed the extensive literature on interviewing people with learning difficulties in Chapter 3. My own approach was to use semi-structured interviews which would enable the participants to tell their life stories, with a particular focus on their experience of time spent in the hostels. The interviews were therefore flexible, and open to the life story approach if participants wished to talk about their memories in that way. I

took a set of questions with me which acted as useful prompts. I did not keep rigidly to them, however, and often did not look at them until the end of the session when I checked whether we had covered the topics listed.

The opening question usually tried to set a context: 'Can you tell me about your first day at Eaton Grange ?' In most cases this was enough to prompt memories. Sometimes these were associations that were uppermost in the minds of the participants when they thought back. Jean said: 'We used to have to work hard. Slog, slog, slog, all the while'. At other times the memories were chronological. Douglas could remember everything about that particular day: 'It was a Thursday. Thursday the 13th August, 1970. It felt very strange and I didn't know anyone'. Having started to talk, he continued for over an hour, prompted by occasional questions from me, but guiding the interview himself, and in fact telling me his complete life story.

The pilot interviews showed how vital it was for me to prepare for each interview. Without familiarising myself with quite detailed historical background, many items of information could have been neglected and misunderstood, or just not heard if the participant had some difficulties in articulating. One of the major influences on the early interviews was the parallel detailed reading of the archives that I was beginning to undertake. Evidence from the local archives began to be vital to help me to respond to and understand the significance of what people were saying to me. One example of this was a piece of information I read in a 1956 Hospital Report, which said that men from Blofield Hall were going out to work at Billig's Tin Factory. Soon afterwards, I interviewed Jacky. Her speech was not always very clear, the name was unusual, and I could easily have missed the moment when she said that, among a list of other places, she too, unexpectedly, had worked at Billigs Tin Factory. If I had not heard of

it before I might have missed an important example of types of work, pay rates, and an early exception to the usually gendered types of employment offered to the women. I discuss further examples of the importance of 'multiple' triangulation throughout later sections of this chapter.

Ownership

The 'Memories Group' (see Section 3) was to become the main forum for enabling ownership of the research, but I also sought ways of leaving ownership of their life stories with the individual life historians. Doubt was expressed in the literature that this was possible, but I saw it as a goal to strive for, adopting different methods to suit individuals (Walmsley 1994). A method of supporting research with participants who could not read was to play back the tape recordings to them. This proved to be a valuable method of enabling participants to edit, interpret and add material. The additions were significant in that they often went deeper than the original, and were more reflective. During a listening session, Jean began to add her feelings about situations to the more factual descriptions on the tape. Her level of control over and ownership of the final story was increased through this process.

Another method of supporting research with life historians who could not read was to use historical photographs as prompts, not only in the Information and Consent Forms (see above), but also throughout the interviews. For Marion in particular, the photographs became a way for me to learn her immediate emotional response to places and events in her life, and for her to have some control over the interview and ownership of it. She was always very clear in her response to the photographs, whereas she

did not always wish to respond directly to my questions. She used the photographs as a starting point for *her* to lead the interview:

Thats Eaton Grange ! My mother came there... Little blind girl, in the kitchen. I used to work in the kitchen down there...in the cookhouse...I used to make the porridge and pour the tea... (pointing to a photo of Eaton Grange)...right there.....It was up Unthank Road....And I used to work round the corner....the church...for Mrs. D.. Look there !

Over a period of four interviews I returned at the start of each session to a brief verbal summary of her story so far, and she added or changed it as necessary. The photographs worked particularly well for Marion, indicating that the research made sense to her through them. At the end of the editing period, I therefore typed out a brief summary of her life story, interspersing the points with photographs, and binding it into a small booklet.

As Victor could read, I typed out his life story on one page as a directional journey. When we read it together at the second interview, it prompted him to add more: his date and place of birth, the different jobs he had had, together with corrected dates; and the lodgings he had once he left hospital, with dates. This life story, when finally fully corrected, I also illustrated with Victor's own photographs and returned to him at the end of the research.

These ways of giving ownership are necessarily limited in that they do not contain an overview of the whole research. That issue was one which the 'Memories Group' went a certain way to resolve as I discuss later.

In the next section I discuss the research relationship with the Key Informants and the method of oral history interviews. The methods of locating, explaining and informing were the same as those for the life historians.

2. Oral History Interviews with Key Informants

Finding the Key Informants

My insider status was an advantage in helping me contact the *staff and ex-staff* of the hostels. I already knew some of the people I wanted to interview, and they then suggested others. The snowballing method worked with the key informants as with the life historians. Names were given to me, and I then spoke to people on the telephone to arrange an initial meeting.

Meeting past *employers* I saw as being more problematic. In the event the process was started through the chance finding of a locally published book which gave a diary account of the experiences of the author as an employer of women from Eaton Grange in the 1950s (Barnard 1995). Mary Barnard agreed to talk to me, and also gave me several names of other families who had been employers. In that way, the snowballing started for this category also, and took place through a developing network of friends and acquaintances of the first key informant. She was the intermediary, and talked to her friends before my telephone call to them, establishing my position as researcher.

The number of oral history interviews with each person varied between one and four. The reasons for the variation were the different levels of engagement that people had. Some people were happy to give me historical information, but felt that that could be achieved within one interview. Others felt they had much to contribute, and wished to see me more frequently. Mrs. Pearce, for example, lent me documentary material and worked closely with me over four interviews to co-construct the life history

of Alice Chapman (see below). Like the life historians, several people telephoned me if they had not heard from me for a while, saying that they had more information, or more documentation to show me or lend me, and offering a further meeting.

Explanation and Informed Consent

The same Information and Consent Forms were used as had been used with the people with learning difficulties, and further explanations offered at the first meeting, and opportunities for anonymity. The photographs had a similar effect, also, in eliciting memories, and stories.

The Interviews

The interviews with the key informants differed from those with people with learning difficulties in that they did not seek to discover life stories, but focused on the history of the hostels. I had a list of questions which revolved around the history of the two hostels, and the development of learning disability services in general. As with the life historians, my opening questions usually tried to set a context: 'When did the women/men work for your family?' or 'When did you start work at Eaton Grange/Blofield Hall?'.

One exception to this approach was the role of Mrs Pearce, who had employed Alice Chapman for nearly twenty years. Alice had died in 1969, but I used the mediated life history method (Yow 1994) with Mrs Pearce to

reveal Alice's story, which was particularly valuable as it revealed details of Eaton Grange in the 1930s.

There were also some joint interviews with partners or friends which happened naturally at the instigation of the informants and without prior discussion with me. In this way informants took some control over the interview situation and as a result felt easy with it, and supported by one another (Minister 1991). As with the life historians, I used photographs during the interviews as prompts, or to obtain corroboration, and sometimes people offered photographs as part of their own story.

Oral history interviews with key informants provided data which illustrated the way different groups, and people with various roles, experienced and described the stages of either change or continuity in the history of community care in Norwich. The meaning and purpose of various aspects of hostel life as represented by staff, were sometimes different to the way they were described and experienced by the life historians; at other times were evidence of close understanding between them. These different views and roles offered a wide context and great complexity and diversity of response to the discussion of meanings of the role of the hostels, and will be discussed further in the findings Chapters 5 to 8.

3. Participatory Research: Developing Historical Awareness

The Memories Group

'Listen ! I have a story to tell you ! Roll the clocks back!'

(John Andrews)

Members of the Memories Group

Life Historians : Jean, Pauline, Jackie, Victor, John, George, Ronny, Sidney

Key Informants: Jean (Aldred), Liz

Researcher: Sheena

Evolution of the Group

At the start of the research my intention was to set up a group which I visualised at first as an advisory group, discussing both design and ethical issues. Stalker described her Research Advisory Group as one which was to give guidance on 'various aspects of its design and execution' (Stalker 1998:). Her intention for the Group was similar to my original ideas.

In the event, however, a group was suggested and set up by the life historians themselves, and began to be run and controlled by them. At the

end of her first interview with me Jean Andrews said that she had enjoyed talking about her memories so much that she would like to do it again and perhaps invite other people 'from those days' to form a group to meet and talk. At the first meeting the life historians named it the 'Memories Group'.

The Group became quite different in nature from my first tentative plans. The life historians initiated it, named it and ran it. They developed their own agenda for the group, and my original idea for an advisory group was set aside, and then re-negotiated with the group as it established its direction. It was clear from the first meeting that the group wanted to talk about memories and this coincided with my historical focus. My diary for the first meeting recorded that:

There was never a feeling that the evening was anything to do with Liz (the facilitator) or I...It was their evening and they had arranged it.

At the end of the evening, Jean said 'You're going to have a story to write with all this!' She had made the assumption that the group was going to play a major role in the research and would be disappointed if it did not. I needed, however, to negotiate this more specifically with the group. Atkinson found that in the *Past Times* history project, work on co-constructing the history only came later, and she suggested that 'such an aim needs to be made explicit at the outset and owned as an aim by everyone' (Atkinson 1997: 130). I was concerned as to how I could ask for help from the group without seeming to 'hijack' it. One way of doing this was to suggest a reciprocal role in which I would bring information about the history I was discovering to the group. This would help set their own memories in context. I asked if the group would add their memories to the

research, help me to interpret some of the archive material and analyse the data. The responses were positive. John said: 'Oh yer, I would! I like looking back and all that. I've got a lot to say'; and Jean added a request to meet more often: 'I'm enjoying having these meetings. I'm really glad'. Victor said 'This is a group where we can talk about our feelings and our memories'.

Each meeting was taped, and a shortened transcript and illustrated Minutes brought to the next meeting. These were read out by one of the group and commented on, and then members added items to the evening's agenda. At various stages in its three and a half year existence, members of the group checked up with me to make sure that it was going to be able to continue: meetings were always planned and diared for a year ahead. Members were thus doing their own evaluation of the group and its progress. They made suggestions for major changes or additions to the agenda - for example to meet more frequently, to introduce new members, to see videos of other hostels or hospitals in other parts of the country, to discuss new themes. By the end of the research, the group had moved further towards emancipatory research by suggesting research agendas (Zarb 1992; Mitchell 1999). Concerns have been voiced in the literature regarding the 'potential for desertion by the researcher' (Stacey 1991: 117), and the problem of potential exploitation and 'transient social relations' (Stalker 1998: 10). In the event, the Memories Group has continued to meet regularly since the end of this study, and has initiated new projects.

The 'Memories Group' moved into uncharted territory. It was concerned with history and the writing of history, rather than action research or life histories alone. The participants had to learn about history, and a learning process began to take place. At first some group members were not able to

relate easily to very early photographs of the hostels, or documents from the 1930s. There was an ambiguity about their sense of the distant past. When I described the 1930s, Jean assumed it was *her* past, the 1960s. As the meetings continued, however, a sense of history began to develop, culminating in requests from the group to revisit the hospital and hostels where they had all once lived, and discussions of change over time. At the beginning of the research, Jean never mentioned the word 'community'. By the third year, the word had become part of her vocabulary, and she began to use it and incorporate it into reflections on her life. She also began to ask questions, and to seek clarification about reasons for institutionalisation and puzzle over the injustices of the past. Victor's sense of history was already well-developed through his photograph albums in which many of the photographs were dated. The co-construction of a history was made easier for the group by the fact that they all knew one another, and had shared in the hostels so much of the history they were describing, comparing and interpreting.

The two key informants in the group also had memories to contribute, and sometimes these too emerged as shared memories. Jean Aldred had worked alongside some of the women in the 1960s and 1970s as an employee of Macintoshes Chocolate Factory; Liz Ellis had been a student nurse in Eaton Grange in the 1980s.

My diary entries record that at first I had some concerns about the information gained from a group situation. At times a competitiveness seemed to be developing between the members of the group in the telling of stories, which resulted in further embellishment. I was concerned that if this was exaggeration of the evidence, it might invalidate the information. In the end, I concluded that although there was no doubt an element of

competition in front of an audience, what was happening was much more subtle. Some of the same stories had already been told to me in individual interviews, so in fact the stories were being validated by the whole group rather than invalidated. Where there was embellishment, it was the result of people prompting one another's memories and adding convincing details otherwise forgotten.

Data Collection and Analysis by the Group

Several issues arose as the group evolved and began to play a part in the deriving of themes and the data analysis. One issue concerned confidentiality. Walmsley (1991) has discussed the difficulties of sharing research with a group who know one another. The Memories Group members were also individual life historians, so my dilemma was how to bring back confidential material to the group for analysis. In one sense, as they had shared experiences and talked openly in front of one another in the meetings, this problem did not arise. The information given to me by key informants was also confidential, however, and could only be brought to the group for discussion anonymously and as general themes.

Aspects of data analysis began to take place from the early stages of the group. Members began to prioritise the most important aspects of their lives in the hostels, highlighting themes for further discussion. A decision would be made to discuss a particular theme at the next meeting, to which I would bring relevant points from transcripts, excerpts from official documents - such as Annual Reports on the hostels - photographs, and some ideas from other research. One example of this process centred on contributions from the group as to how it felt to live in the hostels, their relative 'homeliness' or 'strictness', the sense of freedom or control.

Comments from some members contested the evidence representing the official voice, challenging the 'known' history; other members had different memories of their experiences. Some negotiation took place within the group. They agreed to disagree and the diversity of their evidence formed the basis for the findings discussed in Chapters 5 to 8. As each chapter was written I took it back to the group for further discussion of the main points, a practice which prompted further memories and confirmed diversity.

The Memories Group, the third strand in the research method, emerged as the main forum for participatory research, including the discussion of some of the records. In the next section, I discuss my overall approach to the examination of the archives, the fourth strand in the multiple triangulation method.

4. *Archival Research*

In Chapter 3 I highlighted the importance of using 'a multiplicity of discourses' (Jupp 1996). To recap, archival research alone cannot reveal the complexity of learning disability history: oral history enables the voice as well to be heard. Without archival research, however, the voice cannot be set in historical context, and therefore archival research had an important role in the thesis. The archival material, both as public and private record, was examined for information and expression of attitudes and was seen as being closely connected to the oral evidence in completing a picture, explaining an event, raising questions and finding meanings. It filled the gaps in the oral testimony and, being contemporaneous, it broadened the perspective. It offered an exploration of the political and legal contexts of learning disability policy, and the possibility of examining the backdrop to

the debate against which lives were being lived in order to understand the interventions in those lives.

The Records

The way I approached archival research was to locate all the records detailing aspects of learning disability history in Norwich and Norfolk between 1930 and 1980, and in particular the history of the two hostels (see Appendix 4). The archive deposited in the Norfolk Record Office includes clearly indexed entries for the development of Eaton Grange. These archives, including the Minutes of the Mental Deficiency Committees for both Norfolk and Norwich, are very detailed for the period 1913 to 1948, full names are used, and names and addresses of family members, guardians, supervisors and licencees are given. A group of records specifically concerned with the opening and subsequent history of Eaton Grange up to 1948, together with reports from the first matron, became open during the course of the research and provided not only a day-to-day picture of life in the hostel, but also an insight into its relationship with the community and its role in community care. For the period after 1948, the archives relating to the two hostels are now held by the Norwich Community Health Partnership Trust, as well as Cambridge County Record Office. Records housed at Little Plumstead Hospital (which comes under the Trust) include Annual Reports, some Discharge and Admissions Registers for Eaton Grange and Blofield Hall, Visitors' Books and the Hospital Chaplain's Report Book. The Public Record Office at Kew also contains a few specific records for the early period in Norwich, including records of the first Occupation Centre set up in 1923.

Some of the documents, for example Eaton Grange Admissions and Discharge Books did not always yield the expected clear information. Notification of discharges often related to temporary discharge, followed by re-admission. Jones (1975) found similar 'illusory' discharges in her study of local history authority hostel records. After 1948, when the Hospital Management Group Annual Reports form the main documentary evidence, separate figures for the hostels are only given after 1962, and then sporadically. In this study, the oral testimony served to clarify this sometimes contradictory documentary evidence.

The archival research raised many ethical issues. As noted above, a feature of the archives in the Norfolk Record Office is the use of full names as well as details of home circumstances. There is thus easy access to the material which could make irrelevant any careful screening of names and places in the interests of anonymity. When analysing the archive, I have used pseudonyms or initials to protect individuals' privacy as much as possible. On one occasion, I inadvertently came across sensitive material relating to Marion Green's life, and the dilemma arose as to what to do with this knowledge. I decided not to mention it unless she raised it herself. In the event, this did occur, and so the two processes combined to construct a more detailed life story which included the official and usually brief and summary archival account alongside the personal account of the oral testimony (Rolph 1998a & b).

Photograph albums as archives

There has been little research done which includes photographs taken by people with learning difficulties. Victor Hall, however, had ten albums documenting not only his life but also many aspects of the history of the

colony/hospital and the hostel. Mary Stuart also found that in the convents she studied there were few official photographs: 'The photographs that do exist are in the possession of individual women...It was the women themselves who were keeping the past of the convents alive' (Stuart 1998: 94). Important information remained hidden until it was revealed in Victor's photographs. The albums proved to be a rich documentation of the history of his life and times, and, as noted by Walker and Moulton (1989), they were an example of the vital role of the 'family' album. They revealed an 'ordinary life' - details of friends, holidays, brother, work- within an 'extraordinary life' - the hostel, segregated living, and community care.

Walker and Moulton (1989) describe the inextricable combination of the narrative and the photograph album, and Victor's second interview proved how vital it is not to separate the two and how much would have been missed if I had looked at the albums on my own. A small black and white photograph of a bridge seemed unremarkable, but the discussion around it unexpectedly revealed further details about his life:

Victor. *That one took at Yarmouth*

Sheena. *Ah, that's the swing bridge going up....*

Victor. *That took when my mother come to see me in Blofield Hall...we went to Yarmouth. She used to be in Norwich then. She came to see me before she went to Canada.*

The historical snapshots taken by the life historians began to assume another role in the research. In Victor's case, his albums gave him a claim

to ownership of his past, a stake in his own history, and a self-appointed role as documenter and keeper of that history. It emerged during discussions and exchanges of photographs in the Memories Group, that he was the documenter of a *shared* history: several members of the group appeared in his photographs. His role as photographer also enabled him to assume a role in the research process when, at an early stage, he took over from me the task of photographing the meetings of the Memories Group.

In Chapter 3, I discussed the literature that highlighted the fact that albums have begun to be acknowledged as valuable sources of evidence. Albums can belong to different categories: 'family' and 'autobiographical', like Victor's, or 'memorial'. Another album shown to me during the research by Mrs. Pearce contained photographs which illustrated the life of Alice Chapman. This album worked on all three levels: its theme as constructed by Mrs Pearce was in memory of Alice Chapman, but its type as produced by Alice, who took many of the photographs, was an 'autobiographical' and 'family' album. All these albums had a valuable role in providing a unique 'window into the world' of the hostels and community care (Dowdall and Golden 1989).

Primary Published Sources

I drew on primary published sources written by staff who had worked in the hospital or hostels and these are listed in Appendix 4 : Notes on Historical Sources. Several key informants also showed me or lent me items from their own collections (see Appendix 4). These included Hospital Reports dating from the 1950s; an unpublished dissertation on Hales Hospital, which was closely associated with Eaton Grange, written by a student nurse in the 1970s; an unpublished dissertation, 'A Venture into

Community Care' (Cornfield and McCartney 1981) part-written by one of the key informants; and 'Norwich Health Authority District Review 1984' jointly written by a working group including Trevor Neil, the former administrator of Little Plumstead Hospital, also one of the key informants. These sources were useful in that they contributed a background to the development of community services in Norwich. They are sporadic, however, and a fuller picture was sought from the archives.

I used both primary and secondary sources, including historical snapshots, as part of the triangulation of sources, and I discuss this in the next section.

Triangulation and Validation

As I noted in the section discussing the interviews, because the archival research took place alongside the oral history interviews, the two started to feed into one another, the archival data informing the interviews. For example, life historians began to refer to rules, changes, official pronouncements to which the documents also referred, so that the interviews began to add to and enrich the archive material through personal testimony. At the same time, the archives confirmed dates and changes. In many cases, the archive material was either contested or added to by the oral evidence.

An example of this interweaving of sources is the evidence concerning the local responses to the 1959 Mental Health Act and its effects that emerged from interviews and archives. The Act was not mentioned by name by Jean, but she felt its effects:

What I couldn't get over is what this 'informal admission' is. Does that mean we can get out when we want ? I had to stay, didn't I, so I can't see how I can have been 'informal admissions'.

Another picture emerges of the same moment in the legal history from the standpoint of the authority, this time told by a key informant, Helen Foster, who was an ex-hospital social worker:

All of a sudden it seemed as though we got the directive, you know, the 1959 Act, you've got to do something, as though it had been a crime for these people to be there. I can still see the doctor sitting at his desk with piles of blue files, going through them saying 'This one can go out, this one can't'.

The archive gives a briefer account of the proposed changes in hospital and hostels:

On receipt of Circular 58/5 a survey of all resident patients was carried out. A total of 417 male and 438 female patients were discharged by the Board of Control and continued to reside in the group.¹

Although this archival evidence indicated that little changed, evidence from a nurse who had worked in Eaton Grange spoke of significant changes in individual lives:

¹ LPHR HMC Annual Report 1 January 1959 p.7

*No more crocodiles...open doors...there were people
leaving... and much talk of freedom...Several people
absconded and D. went home straight away.
(Interview with Pam Simkin)*

One of the employers wrote of the excitement of Ellen from Eaton Grange at the news that she was now 'free', and her immediate decision to move out of the hostel to an independent life (Barnard 1995:116). An opposite viewpoint, in a letter written by Alice Chapman, illustrates the sense of panic among some of the older women who were used to the status quo. She was alarmed to hear of her imminent discharge from the Acts and asked to be able to stay out on licence but still within the aegis and protection of Eaton Grange. (See Chapter 6)

This multiple triangulation of sources built up a picture of this moment in history and the problems as well as the opportunities it raised for various hostel residents. The triangulation of sources revealed a complex picture of the effects of social policy.

There were also ways in which the archive material enriched and corroborated the oral testimonies. Marion Green's flamboyant narrative style had meant that at times in her life she had been assumed to be fabricating or exaggerating her stories. At the end of the first interview during which she had described working in a 'Silk Factory', her key-worker warned me that Marion had a very vivid imagination. Although my approach to the oral evidence was to respect the stories told to me as personal and as perhaps on occasion metaphorical stories told with imagination and flair, a historical focus was aided in this case by the addition of archival and oral history evidence. In a timely cross-referencing

both from the archives and from a key informant, the existence of the Silk and Crepe Factory in the 1930s in Norwich was established. It appears in Jarrold's Norwich Directory (1911); and Jean Aldred mentioned by chance in the Memories Group that:

We had a Silk and Crepe Factory at the other side[^] of the garden fence when I was a child.

Marion responded with recognition to an old photograph of the factory that I subsequently found. On another occasion Marion had described the 'tins of sugar' she used in the kitchen of Eaton Grange. The 'tins' of sugar, rather than packets of sugar were an unusual description, and yet the records for the hostel described the bulk buying by the Matron of large *tins* of sugar.² Marion's descriptions of her work in the kitchen, or 'cookhouse' as she called it, of the hostel during the war confirmed her role as a life historian capable of adding detail to the social history.

Snapshots also had a role as corroboration of other evidence. Photographs are contested sites (Tagg 1988; Lalvani 1996; Ryan 1996; Bell 1998). Roy Porter, however, while admitting that 'of course the camera lies' adds that 'this caveat applies to some photos more than others' and that '..documentary street snapshots..recorded body language and social space more informatively than any printed text' (Porter 1991: 211).

Walmsley (1994) described using photographs during interviews to good effect. They established context and corroborated the interviews. This corroboration of details I also found useful. Elizabeth Ollier described the

² NRO N/TC 52/41 Matron's Report January 1931 'May I be allowed to purchase 4 large tins of sugar for storage as I find some things are cheaper in large quantities. Granulated sugar, 19/- per cwt. .so good for children'.

appearance of the women from Eaton Grange who came to work in her mother's house in the 1950s:

They always had thick Lyle stockings, held up with garters just above or below the knee..almost all of them, it would appear that their feet hung over in their shoes, lace-up shoes, even the younger ones seemed to have foot problems.

One of the informal photographs in the Eaton Grange collection, dated June 1956, illustrates her point. It shows a line of women from the hostel, all wearing lace-up shoes in a way which seems to bear witness to ill-fitting shoes in the past. This photograph also illustrates, however, the attempts to create a new life for the residents, with fresh experiences and days out (albeit *en masse*) in the ordinary world: the women were photographed on a day out in London in June 1956, standing in front of Buckingham Palace. The literature suggested that 'photographs remain oddly under exploited as a historical resource' (Porter 1991: 211). In the triangulation process, snapshots in particular had several roles. They were: memory prompts; focal points around which a story could be woven; empowering mechanisms; historical documents; evidence of ordinary lives; corroborating documents.

Interweaving the Multiple Sources

How to interweave effectively the many strands of evidence became an issue. The case study approach was the method adopted in the research as the source of and focus for the 4 different strands of evidence, and as providing a way of managing the material. Another approach was to focus

on transitions. Several recent studies have undertaken spatial analyses of the architecture of institutions, the 'meanings within spaces' and the power-plays implied (Stuart 1999; Gittins 1998). As my research is more concerned with movements and transitions, and with the role of the hostels as the sites of such movements into and out of the community, I examined border crossings rather than architectural spaces. As I noted in Chapter 3, in the general literature Mary Douglas (1970) and Lowenhaupt Tsing (1993) explore border crossings as explanatory sites, and more recently Sibley has advocated this approach (1995). It has not been used as a tool in learning disability history. For the purposes of the research, border crossings offered specific historical moments in which multiple sources converged. Different voices stood out in sharp relief when focused on a single event. Multiple sources were fully represented at each crossing, and analysis at the crossings or the sites of the crossings was a way of enabling multiple triangulation to produce historical data.

With so many different strands to incorporate in the triangulation, the interweaving of sources was a complex process. It was important to attempt it, however, as triangulation of many sources enabled all the voices to be heard. The archives and the official voice did not hold sway, but they still had a place, as did other players in the history. The auto/biographical method meant that the life historians were no longer at a disadvantage in historical research, but began, through the Memories Group, to be aware of and be able to comment on their history.

In the final section, I discuss one area where I undertook some of the data analysis myself before then bringing it to the attention of the Group.

Data Analysis

28

As I have discussed in the section describing the Memories Group, data analysis was one of the roles of that group. The deriving of concepts and categories directly from the individual interview transcripts, however, was my role for reasons of both time and confidentiality, and the following sections describe that process.

Analysis of Interviews

Glaser and Strauss's grounded theory methods were drawn on to enable as much material as possible to be considered. As noted in Chapter 3, I did not follow Strauss's own model rigidly, but have recognized its value in 'encouraging the researcher to move beyond local codings to generate ideas and broader conceptual frameworks' (Coffey and Atkinson 1996: 48). I also followed grounded theory principles where they aim to facilitate the deriving of themes during the research, rather than 'specifying what categories are appropriate and how these are to be defined at the beginning of the research process' (Boulton and Hammersley 1993: 21). I started the research with research questions (as set out in the Introduction) but I aimed to enable the work to be open to surprises and to respond to issues that arose from it as well as from assumptions I had at the start (Glaser and Strauss 1967).

There were two tasks for the analysis of the transcripts: the deriving of themes, and then their interpretation. I undertook 'open coding' of the material, conceptualizing and categorizing as the first stage, using index cards for cross-referencing. The concepts were derived by asking the question: What is happening?; the categories were derived by asking: Why

is it happening? For example: one interview revealed thirty different concepts which were relevant to a history of community care. Four of these could be collapsed into the concept of 'work'. 'Work' then stood on its own as a pointer when looking for further additions to it in following interviews. When all the other interviews were analysed, further concepts relating to 'work' were found, and were added to that category which then began to expand. At various stages, contributions to analysis from the Memories Group and from individuals, added to the interpretations of the theme. Meanings began to emerge: work as exploitation; as punishment; as ticket to freedom; as adult status; as source of pride and satisfaction; as redemption. These also became categories in their own right, with other cross-references.

In accordance with grounded theory, in vivo coding was done, so that 'insider' terms were looked out for, and language used by the participants themselves used to give headings to the categories wherever possible (Walmsley 1994). One of the life historians, Hilda Peel, in talking about her arrival in Eaton Grange after numerous transitions, said 'I settled down at last *when I got my own things*'. This heading was used to explore the concept of home, the meaning of care and control, the feelings of alienation at enforced transitions, the aspirations in the records that Eaton Grange should be 'homely'. Further evidence which would expand this category began to emerge from the Memories Group and the archives, and a more complex picture, sometimes contradictory, began to emerge. The tension between different accounts and interpretations of 'home' informed the theorizing of the role of the hostel.

The analysis of the data began with line-by-line readings of the transcripts, concepts and categories being written in the margins, and then being

transferred onto index cards which were filed under the headings of the four groups of participants. After Memories Group meetings, more categories were added to the cards on which was written the quotation from the transcript and its derivation, enabling cross-referencing to be noted and leaving no doubt as to the 'ownership' of quotes. This process was a creative rather than simply a mechanical one, allowing for many links to be made and further categories to emerge. The method also avoided the fragmentation or disembodiment of data that can occur in research (Walmsley 1994). The process of analysing the data uncovered themes and questions which were not anticipated at the outset.

Theorizing was integral to the analysis (Coffey and Atkinson 1996). Emerging theory began to identify meanings and explanations for the way the hostels developed and the direction of community care in Norfolk at this period.

Archival Analysis

Both interpretative and critical approaches were used to analyse the archive material (Jupp 1993). The interpretative approach explores social meanings attributed to the documents; the critical approach analyses documents in a larger context. Jupp defines the differences between the approaches by saying that while both are concerned with social meanings, the interpretative 'places emphasis on how these are generated in small-scale interactions', while critical analysis 'seeks to analyse them critically in terms of structural inequalities in society (e.g. class, race, gender, disability)' (Jupp 1993: 112).

Each archive was examined for the information relating to the hostels in particular and to learning disability history in general. My fieldnotes seemed at first disconnected, but gradually began to conform to themes and headings as categories and concepts emerged linking them to the other sources of evidence in the research. Further discussions of the archival analysis appears in Chapters 5 to 8.

Conclusion

The methods described in this chapter aimed to retrieve and co-construct a hidden history in partnership with women and men from the two hostels. A combination of methods from different disciplines was used to enable as broad a picture as possible to emerge, capable of being open to and incorporating complexities and contradictions. Stuart noted that despite the fact that the women she interviewed all lived together, 'their stories revealed diversity of experience amongst the women, even within the same environment....they do not speak with one voice' (Stuart 1998: 278). The Memories Group was a forum where the multiplicity of voices and methods came together within a historical context, offering opportunities for participation and empowerment.

In the following chapters I set out the findings from the research.

Chapter 5 Eaton Grange 1930-1980 (A Case Study)

Part 1 A Changing Role

Introduction

This chapter focuses on the history of Eaton Grange as ascertained through oral and documentary sources. Eaton Grange was the responsibility of Norwich Borough Council from 1930 to 1948, and then after the setting up of the NHS, it came under the Regional Hospital Board. It was defined at different times in the oral and archival evidence as a hostel, an institution, a home, a family, an asylum, a place of control, a halfway house, a rehabilitation home, and, most glowingly, as an 'Eldorado for mental defectives'.¹ Mathew Thomson suggests that in the inter-war years 'the division between the colony and the community was....broken down through the development of hostels, outside the walls of institutions' (Thomson 1998a: 144). The changing roles of Eaton Grange and its position as the site of many border crossings into and out of the community and between institutional and community care both before and after the second world war, suggests that it had a role in community care. Exactly what this was, how it varied or remained constant over time, and how it was perceived and experienced by the life historians and key informants in the research, is the subject of the case study.

Many different voices contributed to this history of Eaton Grange. It was constructed through the individual life histories of those who lived there; through the discussions which took place in the Memories Group; through oral history from key informants; and through archival evidence which

¹ NRO N/TC 52/41 Matron's Speech, 21 March 1932

added different voices and perceptions as well as dates, policy changes and official versions of events. The Memories Group was particularly important because it introduced themes, analysed data, challenged myths, made comparisons, and enriched the individual stories. It empowered the life historians by enabling them to become involved in the construction of their own history.

In this chapter, Part 1 of the case study, the focus is on the changing role of Eaton Grange. In the following three sections I first discuss the background to its opening, and then explore its history through two main themes. The three sections headings are:

Background and Context

Concepts of Home and the Familial Ideology: The Changing Role of the Hostel

Care and Control: Inclusion and Exclusion.

Background and Context

There were three main categories of hostels set up in response to the Mental Deficiency Acts of 1913 and 1927 in the inter-war period: those associated with institutions as recommended in the Wood Report; those run by voluntary associations, which were usually stand-alone hostels; and those small homes, certified institutions, or hostels run by local authorities. When Norwich Borough Council opened Eaton Grange in 1930, the aim was to create a small urban hostel. On the same site would be the only local

authority-run Occupation Centre in the country.² This combination of two services under municipal jurisdiction rather than voluntary control represented a unique response to the Acts in the 1930s.

The background to the founding of Eaton Grange was a history of early progress in local responses to the Mental Deficiency Acts, followed by delays and disagreements between the two major local authorities, Norfolk, and Norwich (see Figure 2). There was no large institution in Norfolk, though there were several small homes³, and many people were therefore sent out of the county into distant institutions, or were accommodated in the Norwich Poor Law Institution. Norwich Borough Council had responded to the 1913 Act by setting up a Committee for the Care of Mental Defectives on 5th May, 1914. As soon as the war was over, the Committee appointed a Female Enquiry Officer and Visitor in 1919, a paid appointment that was relatively early by comparison with other counties. It was partly as a result of the Enquiry Officer's Reports concerning the inappropriateness of placing female 'mental defectives' in the Poor Law Institution that the Council began to call for the establishment of new residential accommodation.⁴ There was perceived to be an urgent need nationally for residential accommodation, and the Board of Control underlined this need in 1925 with a forthright circular to all local authorities.⁵

² PRO MH95/98 1 September 1931

³ There were three small private Approved Homes in Norfolk. The Otleys at Seething for 26 women and 4 men (*BOC Report 1923*, p.393); a Home at East Harling, listed in the *Report of the Royal Commission on the Care and Control of the Feeble-minded 1908*, p.238; and Gimingham Farm for 20 women which had opened in 1925 (*BOC Report 1925* p.461).

⁴ NRO N/TC 18/1 Enquiry Officer's Report, M.D. Committee Minutes, 14 October 1926: 'All expressed a desire to leave the institution and be given a chance to earn their own living outside'.

⁵ MH51/240 BOC Circular letters, Book No.2, Circular 672, 15th October 1925: 'The subject this year which calls for the most serious consideration is the want of accommodation for all types of defectives ...Lack of accommodation means degradation, crime, pauperism and disease to individual defectives, and all the expense to the community attendant on those conditions'.

Figure 2 Local Developments: Norwich and Norfolk

1913	Norfolk County Council set up the Mental Deficiency Act Committee
1914	Norwich Borough Council set up the Committee for the Care of the Mentally Defective
1919	Appointment by Norwich of a salaried Female Enquiry Officer
1922	Occupation Centre opened by Norwich
1930	Opening of Eaton Grange by Norwich Borough Council
1931	Occupation Centre moved to the ground of Eaton Grange
1930	Opening of Little Plumstead Colony by Norfolk County Council
1948	Little Plumstead and Eaton Grange came under the East Anglian Regional Hospital Board. Together with Hales Hospital and Lothingland Hospital they formed No. 9. Group and were run by a Hospital Management Committee
1952	Opening of Blofield Hall by the Hospital Management Committee
1952	Occupation Centre at Eaton Grange closed
1959	Many residents of the hostels designated 'informal admissions'; discharges resulted
1959	New training programme for Mental Welfare Officers responsible for the community service
1960s	4 Junior Training Centres and three Adult Training Centre run by Norfolk; Norwich opened one Adult Training Centre and continued to run one JTC
1960s	4 hostels opened by Norfolk County Council
1967	Opening of the Wednesday Club, a social club for people with learning difficulties. It was at first a voluntary provision supported by the Congregationalist Church before joining the Gateway Clubs. A full-time Social Services worker now runs it.
1970s & 1980s	Development of 11 Group Homes, some with resident carer, 2 social services hostels, 9 private and voluntary homes, and 4 ATCs
1984	Closure and sale of Blofield Hall
1980s & 1990s	Eaton Grange continues as a community facility of Little Plumstead Hospital with associated on-site Resource Centre
2000	Proposed closure of Eaton Grange

Initial proposals were for a joint institution administered by Norfolk County Council, Norwich Borough Council and Great Yarmouth Borough Council, but negotiations broke down between October 1925 and January 1928, Norfolk claiming that when PLIs could be used, there was no reason to incur further expenditure.⁶ Norwich was much less willing to depend on the PLI, and therefore determined to proceed alone. Its concern about Poor Law accommodation for defectives echoed that of the *Royal Commission on the Poor Laws and Relief of Distress, 1905-1909*, which, in its Minority Report, highlighted the fact that '60,000 persons, of all ages and conditions, exhibiting all grades of mental defectiveness, are receiving practically nothing in the way of ameliorative treatment'.⁷ A letter from Norwich Town Clerk to the Board of Control on 23rd May 1929 stated:

.... the Committee have for some time desired to place in more suitable surroundings the female adult defectives who are now in the Norwich Poor Law Institution and who at present number 16.⁸

This attitude to the use of the PLI as accommodation was possibly also influenced by the Local Government Act (1929) which brought the PLIs under the administration of the local councils, some of which were concerned to spend on new services rather than upgrade the old (Cherry 1996), though others did convert PLIs.

Unlike many other counties where the push for change was external and came from the BOC (Walmsley 1994; Thomson 1998a), Norwich saw

⁶ NRO c/c 10/369 MD Acts Committee Minutes, 3 March 1927: '...until the Committee have had the opportunity of seeing how the proposed additional accommodation at the Heckingham and Gressenhall (Poor Law) Institutions works out, they suggested no good purpose would be served by a Conference'.

⁷ *Royal Commission on the Poor Laws and Relief of Distress, 1905-1909* cd. 3499, Minority Report, p.894.

⁸ NRO N/TC 52/41 File 1 Letter from Town Clerk to BOC, 23 May 1929.

considerable internal pressure from local dignitaries and city councillors. When after further pressure from the Board, Norfolk finally agreed to establish independently a large colony at Little Plumstead, seven miles outside Norwich, Norwich Borough Council proceeded to establish its own hostel unit inside the city boundaries.

One of the debates concerning the future role of Eaton Grange centred on whether it should be for women or for men. In the event, one reason given for its use as accommodation for women and girls only, was that the Board of Control could not approve of a home which included both boys and men.⁹ It became clear that the most useful and effective home, and one which would be the most financially viable, as well as answering the concerns surrounding the PLI, would be a home for women and girls. Eugenic fears also played a part in the local argument for a women's segregated hostel with the belief being voiced that 'if the hostel cannot cure, may it be the means of preventing more from being brought into the world' (*Eastern Daily Press* 24 September 1930, Speech by Lord Mayor).

It is possible that historical gender ideology as well as eugenics also played a part in the decision to open Eaton Grange as a women's hostel. Sherrill Cohen (1992) has suggested that if there is a local tradition of segregated provision for women, the tradition is more likely to be embedded and to continue as a local solution. There is a history of segregated provision for women in Norwich which had an early Magdalen, opened in 1827 (Hooper 1898). In the 1890s an Anglican Convent was founded at Ditchingham, Norfolk for 'fallen women'. Eaton Grange can be seen, therefore, not only within the framework of the Mental Deficiency Act and the eugenic alarms

⁹ NRO N/TC 52/41 File 1 Letter from BOC to Town Clerk, 3 May 1929.

surrounding it, but also as continuing a local tradition of special treatment for certain categories of women.

The Medical Advisor to the Committee also began to influence plans for the future role of Eaton Grange. The draft of a letter written by the Town Clerk six months before the official opening and addressed to the Secretary of the Board of Control, contained a formal request for the granting of a certificate for Eaton Grange as a 'certified institution' under the Mental Deficiency Act. The draft form was sent to the Medical Advisor for correction, and an addition in his hand outlined a specific role for Eaton Grange: '...it is hoped to develop the Hostel idea, with some going out to daily employment'.¹⁰ This introduced the idea of a working hostel in terms suggested by Evelyn Fox (Fox 1923; Fox 1930).

On 4th June 1929 the decision was taken to buy a large Victorian house on Unthank Road in Norwich. The Board of Control issued a certificate 'approving of Eaton Grange as a Certified Institution for 30 high-grade female adults, and 7 juvenile cot and chair casesfor three years from 21st March 1930'.¹¹ Eaton Grange had been the childhood home of the Victorian traveller, Margaret Fountaine. It had then become a girls' boarding school with additional classrooms and dormitories. It was regarded by the Committee as an ideal building for their purpose, as 'adequate sleeping accommodation, up-to-date bathrooms, sanitary arrangements, fire escapes, rooms for the staff, and extensive cupboards were already provided' (*Eastern Daily Press*, 24 September 1930). As a further attraction there were 'the charming grounds...limes, beeches, and ash trees dotted around. Well trimmed lawns adjoin the house and further

¹⁰ NRO - N/TC 52/41 File 1 16 March 1930

¹¹ NRO N/TC 52/41 File 1, Certificate issued on 21 March 1930.

afield is rougher ground which can be used for recreative purposes. A well stocked kitchen garden will provide most of the vegetables needed' (ibid).

The Opening of Eaton Grange 1930: Multiple Voices

A photograph in the *Eastern Daily Press* on 24th September 1930 (Fig. 3) celebrated the opening of 'Eaton Grange Mental Home' in Unthank Road, Norwich, and the handing of the key to the Lord Mayor by the Chairman of the Committee for the Care of Mentally Defectives. Assembled in the photograph are some of the players in the early history of Eaton Grange, including the newly appointed Matron, Miss Yeadon. A small hierarchy is represented, each member expressing views on the purpose of Eaton Grange. The Lord Mayor spoke of the urgent need for the containment and curtailment of the 'steadily growing number of defectives' (*Eastern Daily Press* 24 September 1930); the Sheriff spoke of both the caring role of Eaton Grange and its role in control, saying that he had 'felt for a long time that a large number of people would be far better cared for, and that it would be far better for themselves and for the community if they were looked after in an institution' (ibid); the Deputy Mayor also emphasised the caring role, speaking of the need to 'bring in' those who otherwise 'had been allowed to wander about the streets and suffer extreme hardship', and criticizing the policy of sending people to distant institutions which he regarded as 'almost an act of tyranny' (ibid). Training was to form an integral part of daily life and it was hoped that organised classes would be run as soon as the Occupation Centre had completed its move to the site.¹² It is noticeable that there is no sign in this photograph of the women who had recently moved into Eaton Grange, who remain hidden and silent. As

¹² NRO N/TC 52/41 File 2, 12 June 1930.

Figure 3



The Opening of Eaton Grange, Norwich
(*Eastern Daily Press*, 24 September 1930)

the hostel became further established, however, the women began to appear in official photographs and to be acknowledged in press reports and speeches.

In accordance with the concerns of the Committee, the first residents of Eaton Grange were nine women and five children from the Norwich Poor Law Institution, joined soon afterwards by three Norwich women who had previously been sent out of county to Stoke Park Colony in Bristol and who were now brought back to their home town.¹³ At this stage the complement of nursing staff to assist the Matron included three nurses, a cook, a kitchen maid and a house maid, joined shortly by a laundress and a gardener, though it was anticipated that the women themselves would soon begin to help with the running of the hostel. My research suggests that in the day-to-day management, Miss Yeadon, the matron, was to have some freedom of action as to her style and vision, creating a model for small residential homes, her focus being educational rather than just custodial as in many of the large institutions. Andy Stevens, in his discussion of the career of Margaret McDowell who set up and ran two small private establishments in the inter-war years, has drawn attention to the significant role women played in managing small private institutions (Stevens 1997). He suggests that the teaching regimes in some of these smaller homes continued the nineteenth century focus on education and training. I argue that Miss Yeadon aimed to do the same, but within a local authority hostel. She was given paramount authority in the hostel, subject to that of the Committee.

The archives describe changing attitudes and policies, new freedoms alongside strict control. The Memories Group, the life histories and the oral

¹³ NRO N/TC 18/2 Minutes of the M.D. Committee 7 October 1930; N/TC 52/41 File 2 1 September 1930.

history also tell different stories. On the one hand they construct a history of enlightened regimes in the hostel; on the other, they speak of frustration with the restrictions placed on residents' lives. In the following sections I discuss these emerging and often conflicting themes. The development of the concept of a caring 'home' in the community is seen alongside the operation of social policy directives requiring control of many aspects of the womens' lives.

Concepts of Home and the Familial Ideology: The Changing Role of the Hostel

'The Eldorado of all Mental Defectives': 1930 - 1948

We are all so very grateful
For our home at Eaton Grange
That we all try to be helpful,
Which of course should not be strange. (Miss Yeadon)

The idea of 'hostel as home' was emphasised in speeches and official reports in the press soon after the opening of the hostel, and continued to appear throughout the inter-war years. These interpretations of 'home' implied some freedom to mix with the local community. The intention was to offer a new life to the women, and to create a regime that was to be in complete contrast to the institutional regimes of the colonies or PLIs. A press release of the Deputy Lord Mayor's speech at a Garden Fete held at Eaton Grange in 1932, reported that:

....among other things they (the staff) tried to bring back to them (the women) the joys of real home life, and the joy of mingling with the people who had full use of their liberty.
(*Eastern Daily Press* July 1 1932).

The speech continued by praising the uniqueness of Eaton Grange as being

about the only home of its kind under a public body; most others accommodated 100 or more patients, but under their (Eaton Grange's) licence, they were limited to 38. By having such a comparatively small number, they were able to give individual attention, and it had proved a most satisfactory method (ibid).

Miss Yeadon described the 'family circle' she had created in the hostel in a speech made at Eaton Grange in 1932

At Eaton Grange, the adult patients are taught to regard the Institution as their home, and that they are all members of one large family where each one plays a part essential to the harmony and smooth running of the home...

The care we have given the girls has worked wonders in their progress. From being mere cyphers in a large institution, they have now become human beings with a more intelligent interest in the world... ¹⁴

She praised Eaton Grange as the 'el dorado of all mental defectives'. This was not to be a closed institution but a community facility with links with

¹⁴ NRO N/TC 52/41 21 Matron's Speech March 1932

that community being encouraged both through work and leisure activities. The perception of Eaton Grange as a home rather than an institution continued to be noted, and its links with the outside world were emphasized. Whereas previously for the women 'the outside world was an imagination', now they were free to know it and take part in it. ¹⁵ By 1937, the Committee was able to confirm this definition of the hostel:

The policy of the Committee is to develop Eaton Grange as a Hostel, not as an Institution. Many of the girls have no homes, others very poor ones, and the Committee have endeavoured to make the girls feel that in Eaton Grange they have a real home.

(Eastern Daily Press 22 June 1937).

The women's appreciation of a transition from an asylum or a Poor Law Institution to a more humane home was emphasised by Mrs. Pearce who employed Alice Chapman and befriended several of her friends, all of whom had been in Stoke Park Colony:

They were all happy...all the women I had any contact with.. they loved it at the Hostel...they couldn't talk highly enough about the Matron and about the nurses. And Matron ..she was like a Queen.. they worshipped her...she knew how to keep order, but she was really good.

This view seems to be confirmed by the fact that when the women did leave the hostel to go out to live-in work, many regularly returned to the hostel on their days off, or continued to return for holidays and days out

¹⁵ Ibid

with groups from the hostel. The contrast with their former lives meant that Eaton Grange represented both freedom and security. There were still many restrictions, however, and some of the women rebelled against these.

The statements by the Committee members and by Miss Yeadon reveal intentions which blurred the boundaries, retreating before any meaningful inclusion, or 'membership' of the 'outside world' (Stainton 1994). The new-found permission for the women to 'mingle' in society often meant a moving among, but still not being part of the community. I discuss these issues of care and control more fully later in the chapter.

By 1939, what had started as a temporary experiment was being acknowledged as a success by the Committee and by the Press, and Matron Yeadon praised for creating a homely atmosphere: 'She had made the girls in her care into one family, making them feel that this would always be a place to think of as home' (*Eastern Daily Press* June 22 1939). The experiment was reported as being copied in other parts of the country.¹⁶ Eaton Grange was therefore not only judged to be a success by those in authority, but it was also gaining some fame nationally. It was receiving considerable publicity in the local press, indicating a community pride in the hostel. and a wish to celebrate, rather than hide, a home for women judged to be 'mental defectives'. Numbers were growing and by 1937 there were 39 women registered in Eaton Grange, three living out on licence, and 27 going out to daily work.¹⁷ Gradually the children left the hostel to go into Little Plumstead colony, enabling Eaton Grange to be seen solely as a hostel for 'high grade' adult working women.

¹⁶ NRO N/TC 52/41 Matron's Reports. Letter from Staffordshire Association for Mental Welfare 9 October 1937.

¹⁷ NRO N/TC 52/41 Matron's Report 11 October 1937.

The Visitors' Books give some insights into the nature of the daily life and leisure activities of the women. An entry for April 13th 1934 reads:

We have today inspected Eaton Grange accompanied by the Matron... It was a warm sunny day and the children were walking in the garden. About 18 of the elder girls had gone to the pictures at the Hippodrome. ¹⁸

One of the life historians, Marion Green, lived in Eaton Grange between 1943 and 1948 during Miss Yeadon's régime. Her memories of her time there are mixed, but some are testimony to the more relaxed aspects of the régime. She remembers with pleasure the many trips out to the city on Wednesdays and Saturdays when she visited the market and ate cockles, and the visits by her family to the hostel on some Saturdays.

Miss Yeadon's own reports spoke of dancing till midnight at Christmas time, friends and family invited for tea, days at the seaside, and free tickets to the cinema. ¹⁹ Her description of one of the outings in 1931 indicated her determination to return the lives of the women to some normality, compensating for years of deprivation spent in large institutions:

Last summer arrangements were made for all to have a day at the seaside, which was a never-to-be-forgotten experience for those whose opportunities to share in seaside delights have been a negligible quantity. For some (!) (sic) it was the first time in their lives. ²⁰

¹⁸ LPHR Visitors' Book 13 April 1934.

¹⁹ NRO N/TC 52/41 Matron's Speech 21 March 1932.

²⁰ Ibid

A Visitor in 1937 watched the 'girls' playing games and dancing, with Matron playing the piano. Tennis and cricket and netball were played in the garden. She wrote:

I had a friend with me, a children's nurse from New York, she was greatly impressed with the home, also with the nice spirit that prevailed between staff and patients....she said she had no idea that Norwich possessed such a lively Home where everyone was united in one cause, namely making happiness. ²¹

There is evidence from her Reports that Miss Yeadon was very energetic in organizing leisure activities. She devised entertainments and concerts put on by 'The Granger Company' for members of the public, often writing much of the material herself. It appears that this was one way in which she sought to educate and train the women. This would have been in keeping with the ideas of decorous and 'seemly' family life as well as Edwardian customs of family entertainment and the desirability of encouraging such skills in young women. Mrs. Pearce remembers Alice reciting long poems and performing at concerts with prodigious feats of memory. These performances in the hostel were seen as proof of progress and improvement and were greeted with wonder by members of the Committee and by the press:

It is a measure of the success of the Home that the patients were able to give a concert at all. Several of them when they first went to the home were scarcely able to speak a single sentence coherently; yet last night, clad in costumes which they themselves had helped to make, they gave recitations,

²¹ LPHR Visitors' Book 22 May 1937.

songs and dances which involved fairly difficult feats of memorisation...bringing the women back to Norwich from the distant institutions...the results have been wonderful.
(*Eastern Daily Press* 9 May 1935).

One aspect of the 'homely' atmosphere was the freedom allowed to the women to walk out alone or in twos or threes from the hostel into the surrounding area for work or leisure. Miss Yeadon tried to ensure that the women looked smart when they went out from the hostel, determined to save them from having to wear only institutional clothing. She wrote to the committee asking for them to be able to have attractive and stylish winter coats, saying that 'The coats are much more expensive than those sent, but they are worth it, the patients certainly look more *human*'.²² In a speech made at Eaton Grange in 1932 to Committee members, sponsors, families, members of the public, Matron Yeadon described her aims:

By this means the girls acquire a sense of responsibility of which they are justly proud and an independence which institutional life is apt to subdue...some of the girls are allowed out alone which helps them to feel that they really belong to the outside world.....The care, treatment and individual attention that we are able to give the girls has worked wonders in their progress.²³

Although this speech, given at a prestigious occasion in the hostel, is in part propaganda for the hostel and its progress, the oral history evidence bears out her claims. Mrs. Pearce and her mother both employed women

²² NRO N/TC 52/41 Matron's Reports: Letter to Town Clerk, 11 December 1930. Andy Stevens has noted that Margaret McDowell 'didn't believe in institutional clothing but advocated pretty clothes for the women'. *Social History of Learning Disability Conference*, Open University, 1997.

²³ NRO N/TC 52/41 Matron's Speech 21 March 1932.

from Eaton Grange over a period of thirty years, and Mrs. Pearce's testimony confirmed the story told by Miss Yeadon: two of the women, one of whom was Alice Chapman, who had been in Stoke Park colony for twenty years, and another who had spent most of her adult life in the Norwich Poor Law Institution, and both of whom had previously been declared incapable of responsible employment, were able within a few months to go out on licence to live-in domestic jobs with Mrs. Pearce's family (see Chapter 6). A photograph of Alice shows her transformation from colony resident to well-dressed and self-sufficient employee (Fig. 4). It is notable that Miss Yeadon's aims predate both those of the original normalisation principle (Nirje 1969) and those of the reformulation of normalisation in the 1970s and 1980s by Wolfensberger (1972, 1983), when he called for integration into wider society. She also prefigured much later ideas in her consistent criticism of institutions.

Extensions to the hostel were built - despite the war - in 1940 , and finally laid to rest its status as temporary provision. The figures for the years 1930 to 1947 show a steady increase in numbers of women living in Eaton Grange, or attached to it through licence, reaching fifty-one by the time Matron Yeadon retired in 1947.²⁴ The large numbers inevitably changed the homely atmosphere in Eaton Grange, though the idea of 'home' was still the principal official motif even after 1948.

Ideologies of Home under the NHS 1948 -1966

The Welfare State meant a major administrative change for Eaton Grange (see Fig. 2). Ironically, Norwich City Council which had throughout the

²⁴ NRO c/ss 2/5 Eastern Anglian Regional Hospital Board Committee Minutes 30 September 1948.

Figure 4



Alice Chapman, Norwich, c.1932.

1920s and 1930s fought so hard but failed to persuade Norfolk County Council to combine in a policy for 'mental defectives' now had to give up its own hostel which instead was to be run by a Hospital Management Committee under the East Anglian Regional Hospital Board. All local authority residential homes or hostels for 'mental defectives' were transferred to the hospital authorities in 1948, unlike homes for older people which were apportioned between health and welfare services (Watkin 1975; Flynn et al 1987). Responsibility to provide services to those who stayed at home with their families remained with the local authorities.

The transition from local authority to hospital administration might have been expected to change the ethos of Eaton Grange. It now became part of No.9 Group which included Little Plumstead and Hales Hospitals. It had a new Matron, Miss McKinnon, who was responsible to the Medical Superintendent of Little Plumstead Hospital, Dr. Morris, from 1948 until her retirement in 1966. Thomson noted the links between institutions and community in the inter-war years and doubted that such links could continue under the National Health Service with the split between responsibility for community and institutional care (Thomson 1998a). In the case of the transfer of urban hostels such as Eaton Grange from local authority to hospital administration after the war, there was, however, the opportunity for such links to be maintained and strengthened. Eaton Grange became an example of the model suggested much earlier by both Dr. Turner at the Royal Eastern Counties Institution, and the *Report of the Mental Deficiency Committee*, known as the Wood Report of 1929, which recommended 'small branch homes usually known as hostel branches' attached to parent institutions (1929: 67). The Report had said that 'the hostel for girls and women may be a fair sized house in one or more of the

towns in the area served by the institution', and it described the role a hostel could play:

...the institution should no longer be a stagnant pool, but should become a flowing lake, always taking in and always sending out...there must be a steady outward stream to the smaller lakes which are to be fed from the parent colony - the simpler type of institution, the hostel branches and smaller homes, foster parents, and to a small extent the defective's own home.

(Report of the Mental Deficiency Committee 1929: 71).

Pam Simkin, who was a nurse in Eaton Grange under Miss McKinnon, confirmed the many border crossings created by its new role, saying that 'They used to do the rounds, from Hales to Plumstead, to Eaton Grange, backwards and forwards'. Five of the six life historians moved at different stages in their lives, from Little Plumstead or Hales Hospitals to Eaton Grange. Hilda described the disruption this caused:

*I kept moving backwards and forwards....I couldn't settle.
So, back to Hales, and then back again to Eaton Grange,
then back to Hales, and then back again...and then I settled
down after all...when I got all my own things.*

As part of his reconstruction of the meaning and role of Eaton Grange under hospital administration, Dr. Morris, though maintaining its status as a hostel, changed its rules to bring it into line with the hospitals in the No. 9 Group. The new rules had the intention of turning it into an adjunct of the hospital and extending the control of the institution into the community

(Thomson 1998a). Whereas Miss Yeadon had enabled visits from families, and had stated that 'Patients whose homes are satisfactory are allowed to go home one day a month if their conduct has been good'²⁵ the new rules stipulated that:

Day parole to relatives is cancelled. Should relatives desire patients to visit them in their homes each visit must be the subject of an individual application to the Medical Superintendent. Parole will be granted to such patients as will benefit from the privilege, at the discretion of the Medical Superintendent. Will relatives please note that any communications concerning patients at the hostel should be addressed to the Medical Superintendent at the Hospital and not to individual members of staff. ²⁶

This increase in bureaucracy and medical power signified the change in style of administration, and an attempt to increase control over the residents' lives. However, although Dr. Morris made some changes in the hostel, the evidence from the oral history indicates that in the event, Miss McKinnon ran it in her own way, which meant that daily life remained relatively unchanged, with work placements in the local area, and those women who settled and remained in the hostel regarding it, once they had settled there from other provision in No. 9 Group, as their home for life. According to Pam Simkin

*the women idolised her, they would do anything for her
.....She was a law unto herself and Dr. Morris just left her to*

²⁵ NRO N/TC 52/41 Matron's Reports, File 2, 1 October 1937; N/TC 52/41 *Eaton Grange Institution Rules 1930*

²⁶ LPHR 1948 Eaton Grange File.

it.....She made Eaton Grange her life....she organised everything... she was really dedicated....

Phyllis Ranie, a hospital Social Worker said of her

She was a dear. ...and a motherly type and she cared for the girls individually and not just as patients. There was a very nice atmosphere. ...happy ,friendly and informal. She was the life and soul

Despite the opportunities for movement between the different parts of Group 9, and frequent moves by some women such as Hilda, many women remained settled in Eaton Grange and it was still regarded in the 1950s and 1960s as a stable home for the women. It continued to be thought of as a home in the community, though it offered chances for the women to move out on licence into hotel or domestic jobs with families as it had done since it opened in 1930 (see Chapter 6).

The role of the Hostel after 1948 needs also to be set in the context of some of the post-war debates surrounding women and the home. Penny Summerfield suggests that 'local and particular accounts cannot escape the conceptual and definitional effects of powerful public representations' (1998: 15). The idea of the family and home-making, on which Eaton Grange had been based, was discussed nationally, both popularly in women's magazines, and in research and writings after the war (Foss 1946; Williams 1945; Luetkens 1946). The post-war revival of the familial discourse, with renewed urgency in some quarters to counteract the perceived threat to family life after the war (Summerfield 1998), confirmed the continuing importance of claiming a home-like and family atmosphere

in the hostel and affirmed the activities of 'home-making' within the hostel itself.

Financial stringency under the NHS, resulting from the low status of mental health services, as well as a redistribution of welfare resources which now had to spread over the general population, affected both the colony and the hostel (Thane 1982; Means and Smith 1994; Thomson 1998a). Unlike the large complement of nursing staff employed under Matron Yeadon in the 1930s, Miss McKinnon ran the hostel, which, by the 1950s, had between 50 and 60 women in residence,²⁷ with the help solely of a Deputy Matron and a Cook. She is recorded as giving 'yeoman service throughout the year'.²⁸ Leisure activities, including holidays, reveal aspects of this 'yeoman service'. Pam Simkin remembered the holidays:

...she used to take the whole lot, and there were about 40 women, all on holiday all on her own...she never used to have anyone (staff) accompany her...all on her own! She used to go to Cromer...and I mean she must have saved the National Health Service a lot of money ! She never took a holiday except with the girls.

Pam Simkin herself took groups of women on annual seaside holidays. She used to take fourteen women on her own to a hotel overlooking the sea in Cromer for a week's holiday which included coach trips to National Trust houses and visits to the cinema. The women did not have to remain in a closely monitored group but were able to go for walks by the sea or into the town in twos and threes. Freda Eagle mentioned the seaside holidays with enthusiasm: 'I liked it at Eaton Grange because we went on holidays...I

²⁷ LPHR HMC Annual Reports

²⁸ LPHR HMC Annual Report 1958, p.21.

liked the holidays best'. Annual Reports commented on these annual seaside holidays in the care of the Matron for a week, noting that the women themselves had to pay towards them: '...patients have saved up and have paid for their own bus outings and a group are saving for a seaside holiday in 1958.' ²⁹

Not all the women enjoyed the holidays, especially if they were taken in other institutions, which sometimes happened (Stuart 1998). Jacky Swinger was less than enthusiastic about a different type of 'holiday', as it was defined, spent at Prudhoe Hospital: 'I just didn't like it. The food was not good, and we were all together in dormitories'. Such a holiday must have had uncomfortable resonances with the institutional life at Little Plumstead Hospital which the women thought they had left behind.

The 1959 Mental Health Act, which repealed the Mental Deficiency Acts and marked the beginnings of official criticism of the large institutions, promoting the idea of community care, in the main only confirmed the way of life in the hostel. The Visitors, now visiting on behalf of the Regional Hospital Board, commented on the philosophy and purpose of the hostel in the 1950s and 1960s. They noted with approval that there was more choice for the women in their daily lives:

The meal before them seemed admirably varied as to amount and taste, heroic quantities of haddock of excellent appearance being eaten by some, while others had, apparently without question, an alternative in rice pudding which looked as palatable. The implication was of a regime where regimentation is kept to a minimum and where there is as much

²⁹ LPHR HMC Annual Report 1958, p.21.

freedom of choice and individuality as an ordinary home is likely to provide.³⁰

The Visitors' Reports can be viewed with some caution in that they were not usually describing surprise visits. There are various elements of the following report, however, which cannot have been pre-arranged to place the hostel in a favourable light for the Visitor:

There is something here both of the feeling of the neighbours towards the Hostel and of the informality of an administration in keeping with the 1959 Mental Health Act. Even perhaps a suggestion that here the Act followed the informality, rather than ordained it. The impression continues...small pot plants on the bedside locker. A pleasant informality is shown by the variation in colour in the small dormitories, enhanced further by the comment that the choice was that of the occupants. The latter, cheerful, well-cared for and presentable, were later found at tea making use of china of some diversity, and here the explanation is that if they wish to do so, they buy and use their own china. The meal itself appeared to be substantial, varied and palatable, while it was also worth noting that some of the patients were not resident, but those who, now living out at work, had come in to have tea with friends in preference to being at a loose end in the city. Much of this is direct observation and good evidence of a kindly and emancipated administration.³¹

Such choice in everyday affairs was still being struggled towards in newly opened smaller units in the 1990s (Sinson 1993). In her advocacy of an 'informal' and humane policy, Miss McKinnon was continuing the progressive approach of Matron Yeadon. Both ensured that in Eaton

³⁰ LPHR Eaton Grange Visitor's Book, 2 July 1957.

³¹ LPHR Eaton Grange Visitor's Book, 16 July 1960.

Grange certain policies and attitudes were in place, that predated the normalisation policies of the 1960s and 1970s, prefiguring in particular the Scandinavian versions of normalisation which emphasized individual choice (Bank-Mikkelsen 1980; Nirje 1969). It is clear too, that these policies were advocated and encouraged by the Visitors. The Report also suggests that there was a close relationship between the Matron and the women, helped by her personality, but perhaps necessitated also by the low staff levels: the women and the Matron ran the hostel together. Miss McKinnon was described as ‘managing this hostel more by gentle direction, with the patients arranging their own lives, than by the normal methods of control and discipline.’³² The tradition of a family circle which had been set in place by Miss Yeadon, survived the large increase in numbers, as did choice and a degree of self-determination, though in a segregated setting (Bank-Mikkelsen 1980).

Towards the end of Miss McKinnon's regime there began to be some evidence of the effects of financial neglect. In 1955 the first television set had been installed, and new tables bought for the dining room, but resources did not keep up with the large growth in numbers. Dr. Ambrose remembers that:

When I went there (in 1966) only 10 of them could have a comfortable chair out of 50. They all sat on hard chairs...there was very little furniture...it was very impoverished. No carpeting... we had to use bumpers...she [Miss McKinnon] was managing on a shoestring.

³² LPHR HMC Annual Report 1954, p.21.

Elizabeth Ollier whose family employed one of the women, remembers visiting Eaton Grange in the early 1960s and described her impressions of

*a big tiled hall and the smell of polish and boiled
cabbage...you know, that wonderful institutional smell!*

Visitors' Reports gradually began to be more critical of the hostel, indicating a new attitude towards what was acceptable within such a service, and disappointment that more progress had not been made since the 1959 Act:

As we are trying to train these girls to take their place in society, I feel there are limited amenities.. little privacy...too crowded...few chairs and too few baths...no carpets and no bedside lights.³³

The more critical tone of reports and statements is also evidence of changes in attitude in the 1960s towards people with learning difficulties, reflecting national alarm at the inhumane conditions existing in some of the large hospitals, and exposed in the scandals surrounding Ely, South Ockendon and Normansfield Hospitals.

In one respect the 1959 Act signified a major change in the role of the hostel, and one that has been underestimated in general by historians when discussing the effect of the Act (Thomson 1998a). The Act abolished the existing categories of certification, and enabled the reclassification of many people as informal admissions. According to Pam Simkin, the women were now aware that they could have their freedom. She said 'That was always the cry - I want to be free...' . In her published diary, Mary Barnard

³³ LPHR Eaton Grange Visitor's Book, 21 May 1969.

describes how Ellen, who was her live-in domestic from the Hostel, left the family and the hostel as soon as the 1959 Act became law: 'She was free to take a job in the wide wicked world and, like a shot, she did' (Barnard 1995: 116). The idea of the hostel as permanent home became less important after 1959 than its role as a halfway house between hospital and community, and a 'stepping stone' to freedom. The official language used to describe the Hostel now began to define it as a 'halfway house between hospital and the outside world for our girls'.³⁴ It maintained its dual role, however, of aiming to provide a home base as it had always done, for women preparing for transitions, and also, like Blofield Hall in the 1950s and 1960s (see Chapter 7), to provide a stable long-term home for the many women, who stayed there, often for ten or fifteen years before finally moving. It also continued in the role of supporting those women who had left the hostel, and former residents made frequent return visits. This was considered to be a way of monitoring them in the community.

It would be too simple to assume that because the hostel became part of the National Health Service in 1948, it immediately espoused a medical model. Closer links between Little Plumstead Hospital and its 'hostel branch' certainly meant that there were new rules put in place to rationalize policies. The oral history revealed, however, that there was a sense in which Miss McKinnon continued the local authority hostel ethos, and was a powerful figure whom the Hospital staff, after the initial changeover, did not attempt to challenge over the day-to-day running of the hostel. This 'neglect' by the hospital meant that for nearly twenty years after the National Health Service came into operation, Miss McKinnon was, as Pam Simkin said, 'a law unto herself...'

³⁴ LPHR HMC Annual Report 1961, p.18.

*The End of the Era of the Matrons: a 'Home' or a staging post ?
1966-1980*

Miss McKinnon's retirement in 1966 (which coincided with that of Dr. Morris) saw 'the end of the era of the Matrons'. The new 'Sisters' as they were now called, slowly began to inaugurate a different regime in the Hostel in response to national and local policy decisions. Eaton Grange was newly furnished and carpeted, as another interpretation of the theme of 'home', emphasising comfort, privacy and ownership, was voiced by one of the new sisters, Sister Gallagher:

I felt I had to make it more into something that belonged to themit was their home. Rather than having just beds in a line in rooms, dividing it up in some sort of way. Its their home, its where they live.

Visitors described the 'homely un-institutional atmosphere', and a 'wonderful improvement' in the decoration:

The progress towards normality is most encouraging. Efforts are made by the staff to train the girls to take their places in society... The atmosphere ..is that of a home with a small 'h'. ³⁵

Walking out in large groups to Church wearing uniform red coats and hats, was discouraged, nurses also no longer wore uniform, dining-room procedures became more informal. June Evans, a student nurse who worked at Eaton Grange in 1969, had vivid memories of her first Sunday:

³⁵ LPHR Eaton Grange Visitors' Book, 29 September 1970.

...when I came here, although I was under the impression that that was just another part of Plumstead...the atmosphere that was here, it was very much a home - even with that amount of people - I mean, they roasted chestnuts by the fire on a Sunday, that was just little things that you remembered, like all sitting round in the lounge at night if they wanted to and a log fire burning - ..compared to Plumstead, it was so homely....that's one memory that always sticks in my in mind.

There was soon tension, however, between the wish to provide home-like surroundings and stability, and new directives from the Hospital in response to the 1971 White Paper. June described this tension:

I remember my first day here, they said to me : 'You make the residents as comfortable as possible, but our main aim is for them to become as independent as possible'

In Eaton Grange, there were debates between these new and old ideas, but the early 1970s saw the beginnings of a turning point in its policy. The White Paper (1971) had repeated the mantra of many policy documents that a residential home 'should be homely', though as Donges points out, it fell short of analysing community homes or laying down any useful guidelines for them (Donges 1982: 106). The emphasis on community care in the White Paper meant that the Hospital authorities looked to their two hostels to pursue a policy of moving people more quickly into the community from the Hospital: Eaton Grange was to be the gateway for women from Little Plumstead, and its status as a 'halfway house' was to be enhanced. Though it had had this role since 1948, it was now to become a much faster forcing-

house for new policies. Trevor Neil, Administrator of Little Plumstead Hospital from 1977, described Eaton Grange before 1971 as

a stand-alone hostel....people lived there and it was their home.. .a group of people living at home...but gradually we changed its ethos, with the impetus to community care. We gradually altered its role.

Towards the end of the 1970s the new debates surrounding normalisation began to incorporate the North American version formulated by Wolfensberger (1972), which emphasized the 'integration of devalued individuals into the wider society' (Emerson 1992). Sister Gallagher was at first unclear as to the role of Eaton Grange in the light of the White Paper, and the normalisation ideas:

Before 1970 Eaton Grange was just seen as ..that was where they would live, and that's where they would stay. But everything changed. The aim was that they came in and you tried to teach them how to look after themselves, and be in the world and move on and out .

The rhetoric of 'home', though it continued to be used, therefore began to be misplaced, as the 'home' was to be a transitory one at best, and the homely atmosphere a subsidiary aim.

Staff who worked in the hostel in the 1970s described the life and leisure in Eaton Grange as strict but also increasingly adult, an attempt to promote independence and adult activities and interests, though there were still in-

house entertainments in the style of Matron Yeadon. Jean Gooch, a nurse in Sister Gallagher's time, remembered

a show we put on and quite a lot of outside people came ...it was a jolly good show, mostly the patients did it.....It was a very happy place. It was a very homely place in the 1970s...people had their own radios and records and more or less they did exactly as they liked in the evenings.

Pauline and Jean recalled in the Memories Group the shows staged for large audiences in the hostel in which both had singing and dancing roles.

A further major change occurred with the relaxing of attitudes concerning sexual segregation. Although the Mental Deficiency Acts had been repealed in 1959, segregative policies had remained in place. In 1973, however, Eaton Grange became the first of the services associated with Little Plumstead Hospital to admit men as residents. According to June Evans, it was decided that:

it wasn't normal for women to live without men, and men without women, so we'll try it first and see what happens. I shall never forget that meeting... and we've had men here ever since.

One couple lived together in the hostel before getting married, and Jean Gooch recalled that boyfriends were now allowed to visit in the evenings:

One girl I knew, her young man used to come in the evenings and join in the entertainments , and weekends we'd

have them there for dinner and tea...they were allowed to sit and hold hands...very different from the early days. They were put on the pill. We had three weddings in 1972 and 1973 and we had the receptions at Eaton Grange.

The tension between the two aims of the hostel - to be a home and at the same time a forcing-house - was felt by the life historians in the research. Freda, who had been in Children's Homes and had already held a series of jobs before she came to Little Plumstead and then Eaton Grange, was reluctant to leave the security the hostel offered her:

They were like your mother to you. Nurse G. was like a mother - she was more kind, it was more like being at home ...It was my home and I loved being there.

Freda had her own television and stereo and budgie in her room 'and I even had my own dressing table in there which I bought myself... I didn't mind being in there.'

During a discussion in the Memories Group about people's perceptions of the role of Eaton Grange, many contradictions emerged, summed up by Jacky Swinger when she said 'When you look back, it was not all bad, we had some good times'. Several other women appreciated the homely atmosphere and the new freedom after Little Plumstead. Jacky, who had come from Little Plumstead in 1966 enjoyed the independence in Eaton Grange:

When I went to Eaton Grange, I didn't know I was going out into the world.

We went into the city...you just told the staff when you were going out...On Saturdays we went to the pictures, or swimming with a nurse....I got more freedom.

Pauline Masson remembered the branch of the W.I., 'Unthank W.I.', which was started in 1971, with the aim of opening up contact with the community, and encouraging a more normal life: the committee was composed of four residents and five non-residents, with meetings and events held inside and outside the hostel (*Norwich Mercury*, April 29 1983, and 4 May 25 1984). There was a contrast between the views of women who came from Little Plumstead, and Pauline, who had come from home at the age of 20, and who said she appreciated the firm but kind atmosphere. For her the hostel offered a way of leaving home, as was appropriate for a young woman, and at the same time providing some support and training before she was able to move out to her own flat. Jean's account as expressed to the Memories Group was more complex. Reflecting on changes in the hostel between 1966 and 1975 she debated with Pauline on the meaning of the concept of 'home'. Her first impressions on her arrival from Little Plumstead in 1966 were positive:

Sheena. *Were you treated in a different way ?*

Jean. *Yes we were, because thats more homely, you can get out and do what you want, come back home what time you wanted. It was like a prison in Little Plumstead, but at Eaton Grange, well, it was more homely, you know what I mean...*

Sheena. *How did you feel about the move to Eaton Grange ?*

Jean. *Well that was one big change. Well, its doors were open ! I couldn't believe it ! I could go out when I liked. The doors were open, they weren't closed and they weren't locked.that was a blessing*

Sheena. *How did it feel?*

Jean. *I felt relieved..relieved...just felt like freedom.*

Jean also spoke, however, of the growing strictness of the regime in Eaton Grange in the 1970s, marking the changes in policy which called for shorter stays at the hostel combined with training regimes. She felt that

It was too strict. They put their foot down. They made you do it.

According to Pauline

It used to be like one big sort of family...but you still had staff there. And they still had rules and regulations.

Pauline insisted that rules were necessary otherwise chaos would have ensued; Jean was not convinced of the need for sanctions. Pauline's interpretation of a family atmosphere which was compatible with strict rules and regulations is in line with the idea of families as controlling mechanisms (Walmsley 1993; Stuart 1998), but Jean found even this interpretation alien to the idea of a home and family.

The complexity of the discussion in the Memories Group indicates that Jean, Jacky, Freda and Pauline were describing individual stages and border crossings in their own lives. Responses therefore were often

contradictory because they were relative to their own personal situations. The borderlands outside the hospital contained both new freedoms and new controls, as they crossed from one zone to another. Jean was perceptive about her own border crossings and graded them accordingly:

...Towards the end...Eaton Grange... I felt I was closed in, and wanting to get out, right out....I was out ...but not right out. Mind you, I didn't mind Eaton Grange, because the stricter rules were in Plumstead.I had more or less freedom in Eaton Grange, but...not the freedom I'm getting now, here (in her own flat).....I made another step forwards instead of backwards.. I went to M. Road, didn't I (Group Home)...And from M. Road here to B. Road and my own flat.

Reflections by the Memories Group on their experience of Eaton Grange revealed, therefore, the conflicts between the idea of home and family on the one hand and its use and appropriateness for adult women, and the policy of 'care and control' which, despite the repeal of the Mental Deficiency Acts, continued well into the post-war era. In the next section, I explore further some of the issues surrounding the concepts of care and control, and the tensions between ideologies in the hostel.

Care and Control: Inclusion and Exclusion

There were inherent contradictions between care and control in a residential setting in the community under the Mental Deficiency Act. Evelyn Fox had said that hostels were to be 'an integral part of community control' (Fox 1923: 68). The often glowing official reports of home-like surroundings

throughout the history of the hostel, whether it was being constructed as a permanent home or a halfway house, were only part of the story for only some of the women. Whatever the intentions and the liberal beliefs of the Matrons, they had to abide by the rules of the Acts which called for control and segregation as well as care. Before 1948, the wishes of the women and of their families for discharge or visits home were not taken into account if the family was thought to be unsuitable. Miss Yeadon was herself well aware of these contradictions, admitting that 'interference with his liberty is in many instances an essential requirement of helping the defective'.³⁶ Her reports admitted to some problems of discipline and order in the hostel's first decade and even she remarked that 'as in the best regulated families, small differences occur at times and these have to be corrected'.³⁷ Not all the women responded with enthusiasm to hostel life; some were distressed by the experience of surveillance. Miss Yeadon reported that one of the women climbed the hedge and escaped in 1932,³⁸ and another was 'depressed and deluded, threatening suicide'.³⁹

Familial ideology can infantilise the residents and prioritise the disciplinary role of the head of the family, in this case the Matron. (Walmsley 1994; Rafter 1983). The Mental Deficiency Act, regulated by the BOC Inspectors, ensured that in Eaton Grange the women's lives were monitored and their freedom in a very major way was curtailed. No relationships with men were permitted. Visitors' Reports for Eaton Grange indicated that the voluntary Ladies Committee was involved in surveillance as well as Miss Yeadon and the MD Committee. They interviewed women, 'warning them about their behaviour' and were involved in the consequent decisions as to

³⁶ NRO N/TC 52/41 Matron's Speech, 21 March 1932.

³⁷ Ibid

³⁸ NRO N/TC 52/41 Matron's Report January 1931.

³⁹ NRO N/TC 52/41 Matron's Report November 1930.

continuation of licence.⁴⁰ The oral history described some of the steps taken by Miss Yeadon to try and ensure that these rules prevailed outside the hostel. Mrs. Pearce recalled Matron's instructions:

..Audrey was tall and slim and that was the one you had to be a little bit careful. I think they said, you know, 'she must get straight back to the hostel'. They were a bit worried she didn't have any contact with men, didn't malingering, you know. She didn't live in , she just came for a few hours.

Matron Yeadon wrote a list of Rules of behaviour which included the following:

You are not allowed to speak to MEN or BOYS or have anything AT ALL to do with them. You are NOT ALLOWED to use LIPSTICK OR POWDER, but you must always be CLEAN and TIDY. (Fig. 5)

The eugenics-inspired panics of the 1920s and 1930s were therefore clearly reflected in the purpose of the Hostel which was to ensure that although the women could have experience of work and opportunities for outings and leisure in the community, this was to be strictly supervised, and they were in fact to be excluded from ordinary life. This was in accordance with the community care policies emphasizing surveillance, control and segregation put forward in the 1913 Mental Deficiency Act.

The oral history research uncovered complex responses by the women to the issue of control, depending on previous experience and circumstances. Mrs Pearce and Mrs Redford both recall that the women they employed

⁴⁰ LPHR Eaton Grange Visitor's Book 5 April 1945.

Figure 5

A few helpful hints and RULES for Maids or Daily Workers

Say your prayers night and morning, and thank God for helping you so much

Try to do your work better than anyone else

Always be respectful; always stand up when your superiors enter the room, and open the door for them

Never Speak unless spoken to; and NEVER mind being told

Always be courteous and willing to do anything; always have a cheerful face, as it improves your looks

Always knock at the door, and wait for an answer before entering a room

When dusting, **MOVE EVERYTHING, DON'T DUST ROUND THINGS**

Be Strictly **HONEST AND NEVER TAKE A PIN** which does not belong to you

REMEMBER THAT A GOOD NAME is worth more than alot of money

DON'T WASTE ANYTHING especially GAS, FOOD. COAL (SIFT CINDERS),
LIGHT

Try to be a useful help to your Mistress, and the **BEST MAID** she has ever had

If you are Open, Straightforward, and try to do what is right you will always be happy

You are **NOT** allowed to speak to **MEN** or **BOYS**, or have anything **AT ALL** to do with them

You are **NOT** allowed to **SMOKE**

DON'T think you are **BETTER** than anyone else, **BE HUMBLE**

You are **NOT ALLOWED** to use **LIPSTICK** or **POWDER** but must always be **CLEAN** and **TIDY**

and their friends did not seem to mind this curtailment of their freedom.

Mrs. Pearce recalls that:

I never heard any of them complain or say 'We can't do this or we can't do that'. Their lives were restricted of course, but they were so contented...they felt they had a good home base.

An explanation of this equanimity could be that for those women who had come into the hostel later in life from large colonies or from the PLI, Eaton Grange must indeed have seemed to offer undreamed-of freedom, comfort and leisure by comparison with their earlier lives. For those women who were orphans or who were not supported by their families, Eaton Grange fulfilled a role. As a community hostel, it filled a gap in care between family on the one hand and institution on the other. For others, who had come into Eaton Grange through different routes and often from their own homes, it represented a more unwelcome and repressive regime. Marion Green had lived with her family until her marriage and subsequent certification. Her good memories of Eaton Grange are mixed with those revealing the surveillance and the control she resented. Above all, she was prevented from returning to live with her family despite representations from her mother.⁴¹ These are some of her memories:

....and every week I go out, and then I didn't want to go back. We used to go out every Wednesday and Saturday.. went to the Market...Police, they brought you backThe Matron, she didn't like my father...

⁴¹ NRO N/TC 18/5 M.D Committee Minutes 12 February 1946.

.....*My mother wanted me home.*

Marion's story illustrates the extent of control over the women in the 1940s, and the limits to the 'freedom' as described in official speeches and reports. It also highlights the dangers in over-emphasizing the agency of families in challenging policy (Borsay 1997; Thomson 1998a & b; Melling *et al.*, 1997). Many families did make the attempt, and sometimes were successful (Walmsley 1997b), but Marion's story, combined with records of similar unsuccessful attempts in Norfolk, implies that the balance of power was often weighted on the side of the State.⁴² Thomson describes successful negotiation in 1923 by a London family to retain control over their son's life, but he concludes nevertheless that this was an atypical case given the legal power of the BOC and the state (Thomson 1998a).

The policy in the 1930s was to enable women to move out of the hostel on licence. Although this meant that they were thus able to live in the community, it did not mean that discharge procedures were necessarily speeded up or that the women were no longer controlled. Alice Chapman left Eaton Grange to live with Mrs. Pearce's family in 1948 on licence, but was not discharged until 1956. She was visited every four months to ensure that her behaviour was satisfactory and that she was under the careful control of the family. She was still seen under the Acts as a threat to society, and therefore her basic rights were curtailed. In 1953, when Alice was 56, the standard form filled in by the visiting social worker continued to ask: 'Is the general supervision sufficient to minimise the risk of marriage and the procreation of children?' The women in Eaton Grange and out on licence were not free of the most intrusive control of their lives, and their choices, though increasing in the 1950s, were from limited

⁴² NRO N/TC 52/41 File No.2.

alternatives. One of the issues raised by the Royal Commission, 1953-1959, concerned the abuse of the licence and guardianship system to maintain control over long periods.⁴³

Through its central position as an outreach of community care in the city, Eaton Grange enabled its residents to mix, however, temporarily, with the local community. There were still certain boundaries, however, which sections of the community jealously guarded. Issues surrounding inclusion or exclusion in the 1960s emerge from some of the oral history evidence. In particular these had to do with the visibility of the women, and consequent levels of intolerance or acceptance. The research showed that while the women from Eaton Grange were visible and therefore identifiable, either in their work-clothes or in red hats and coats for church, they were acceptable. When, in the early 1970s, the uniform for church was discarded, so that the women, could truly merge, unstigmatised, they became unacceptable to some members of the congregation, and were asked to sit in a block at the back of the church as before. As a result, they refused to return to that particular church. What this episode indicates is that the situation of inclusion and exclusion is more complex than that of geographical location alone (Sibley 1995; Brandon and Riley 1983). It was also an example of people with learning difficulties refusing to be victims, and actively protesting (Ignatieff 1983).

As the above example shows, control did not leave people as passive victims, and there were from the 1930s onwards, ways both of defying the rules and of creating a meaningful and contented life under licence. In October 1938 it was reported that E.E., who lived at Eaton Grange, had got married at Norwich City Hall. The Town Clerk was authorized to take legal

⁴³ Evidence to *The Royal Commission on the Law Relating to Mental Illness and Mental Deficiency* 1957, pp.827/8.

proceedings against 'the persons who induced or knowingly assisted the patient to get married' ⁴⁴ and it was resolved to make immediate arrangements for the transfer of E.E. to Little Plumstead Colony. In the event, the Board of Control, having been appealed to for help and having heard all the details, decided that the best action was after all to do nothing and declare that E.E. had been discharged from the Act. Mrs Redford, a key informant and ex-employer, also described some spirited rebellion against the rules in the 1940s:

....my father worked for the Highways Department in the late 1940s and I always remember him doing some paving round Eaton Grange and the directive came down that they were not to.... ..that some of the girls would make advances. And in fact there was a case... it was in the paper...one of the men had not taken heed of the warning and had succumbed.

In Chapter 6 I describe other ways in which it was possible to challenge rules, to cross boundaries and make friends in the area despite admonitions to return straight from work. Some women, in particular those like Alice Chapman who were able to write letters, also began to advocate on their own behalf, and to appeal for assurances about jobs or a secure future (see Chapter 6).

Segregative policies remained until 1973. The Memories Group told stories of ways in the late 1960s in which they challenged the rules and used subterfuge to retain some control over their lives, climbing out of the window at Eaton Grange to go to the pub, and meeting boyfriends secretly in town. Jean felt she retained some control over her life through having a

⁴⁴ NRO N/TC 18/3 M.D. Committee Minutes October 1938.

long-term plan which meant that she never over-stepped the bounds completely, but worked towards her eventual freedom.

Conclusion

Eaton Grange was certified as a small institution and can be interpreted as such. However, the evidence from the research is that such a conclusion is too simplistic. The aim of its founders was to create a hostel in the community, a role that never wavered though interpretations of it changed. It is therefore possible also to see Eaton Grange as playing a role in community care.

The different voices which have constructed this history have revealed complexities and nuances which were not available from the archives alone. The aspirations of the early Matrons were to create a home in the community rather than an institution. They were directly influenced in this by their understanding of the original placements of many of the women in MD colonies or PLIs. As far as they could within social policy and financial constraints they achieved this for some of the women who revelled in the new freedom and leisure, and in being 'out in the world'. For others, the hostel remained a restrictive and controlling arm of community care, with the familial discourse leading to infantilism and control.

The role of Eaton Grange in community care therefore was complex but can be seen as having four overall results. Firstly, the hostel filled a gap in provision between institutional and family care by providing a small

residential home in the community which until 1971 offered a permanent home base. The other side to this was that it was a segregated and a compulsory placement for women detained under the Acts, echoing institutional practices (Thomson 1998a). Secondly, it enabled women to have a role in the community, to move independently around the area and into the city, to 'mingle' though rarely to join. It also provided a base for many to move further out on licence, eventually to complete independence. It prefigured early normalisation in its aims to enable the women to change from being, in Miss Yeadon's words, 'mere cyphers in a large institution' into 'human beings with a more intelligent interest in the world'. Thirdly, it formed a link between institutional and community care which was maintained after 1948 when it became in effect the community care facility of the hospital, though the extension of medical power that that implied was challenged by the hostel regime. Fourthly, after 1971, North American normalisation ideas encouraged more privacy, individuality and an approach towards adult status, all of which are prerequisites for a residential home which had previously been lacking (Willcocks et al 1987). Paradoxically, at the same time, tensions between care and control which had continued after the repeal of the Acts in 1959 increased as the dominant role changed from long-term home to half-way house.

In the next Chapter I complete this case study of Eaton Grange by exploring the other major aspect of hostel as community home: work and the meaning of work.

Chapter 6 Eaton Grange (A Case Study)

Part 2 Experiences and Meanings of Work

Introduction

In this chapter I explore the issues surrounding work as experienced by the women who lived in Eaton Grange. The Memories Group demonstrated that work provided a means to cross boundaries, a progression route through care settings, access to wider social networks, a means to gain independence, and a source of friendship, care and family life. Work could also have a darker side as an instrument of punishment, imposed redemption and atonement, exploitation, and a means of control. Aspects of the work theme also underpin the argument of this thesis which suggests community care as an adjunct of institutional care, 'working hostels' as half-way houses. There were many changes in type and meaning of work in the period, and I explore these developments. I argue that work was weighted with symbolism which had its origins in 18th and 19th century debates as to the nature of 'mental deficiency'.

The analogy of 'home' and 'family' used in developing a role for Eaton Grange as hostel was also useful in encouraging the work ethic. Ann Davis has highlighted the role of work in the definition of a family model in her discussion of later residential homes and hostels in general. She described the role of the family in training its members as well as caring for them: 'it (the family model) was to be used to instil the virtues of hard work and discipline' (Davis 1981: 34). The literature review (Chapter 2) showed that work in the community on licence was associated with hostels in the interwar period (Fox 1923 & 1930), and continued to be advocated after the

war (O'Connor and Tizard 1956). Work was expected to help to defray the costs of the hostel. It also furnished occupation in a controlled environment, because women going out to work would be 'under the strict supervision of the trained and responsible officer' (Fox 1923:78).

The Memories Group had an important role in retrieving and identifying emergent themes concerning work. Isabelle Bertaux-Wiame found that it was usually the men in her interviews who defined themselves through their work. She suggested that work gave them a social identity, and 'their whole story revolves around the sequence of occupations they have had' (Bertaux 1981: 256). Dorothy Atkinson (1997) also found a gendering of story-telling styles with people with learning difficulties. There was a more diverse response from the Memories Group. Both women and men wanted to talk about their different jobs, and saw the pattern of their lives as a progression through different types of work, paralleling their progress through institutional and then community care. The fact that both Jean and Jacky recognised the centrality of work in their lives may reflect the fact that staff highlighted its various roles as ways of moving on, so that they themselves then adopted this perspective on work. It was also one way in which the authorities judged 'mental defectives' and therefore dictated their future. The Norwich Enquiry Officer defined people in terms of their ability to work in the 1920s and 1930s, as did psychologists' reports in the 1960s and 1970s, and placements were decided by these definitions. ¹ As their fate depended in such a fundamental way on their ability to work and to hold down jobs, then work defined the life historians whether men or women. This may account for the fact that both men and women gave it

¹ To be categorised as 'employable' in the 1920s and 1930s was one way of escaping institutionalisation, though this had to be accompanied by the surety of a 'good family'. The Norwich Enquiry Officer commented on L. who was described as 'employable' and 'nicely brought up..home condidions good' . L. was allowed to stay at home. NRO NTC 18/2 Norwich Enquiry Officer's Report 2 Feb 1928.

such prominence in their stories, and that both told dramatic accounts of episodes in their working lives.

In this chapter the testimony of the Memories Group was enriched by the oral history accounts of ten of the key informants whose families employed women from Eaton Grange in the decades up to 1970.

The chapter has four sections:

Types of Work and Training 1930-1980

Work as a Progression Route

Work as Atonement

Surrogate Families: access to social networks, families and friends through work

Types of Work and Training 1930-1980

Domestic Training in the Hostel: 1930-1948

Eaton Grange was to have a dual role: it was to be like a family home from which the women would go out to daily work; and it was also to be 'stepping-stone' from which women could leave to go to live-in jobs on

licence. Training in the hostel was to be given a high priority in order to support both these roles.

Matron Yeadon's aim was to train the women to be docile, respectful and hard-working (see Fig. 5). To prepare the women for outside work, there was a training programme in the hostel which incorporated two aims: it trained them for future jobs; and it helped with the running costs of the hostel and with raising extra money for holidays and outings. The aim of the hostel was noted by the Board of Control Inspector's Report in 1934: 'The training of adult patients is well carried out and calculated to fit the recipients for the fuller life of the community'.² By 1942 Eaton Grange was defined as a 'Training Hostel for domestic service'.³

The Eaton Grange staff were responsible for the training, an early plan to employ a special Instructress having been shelved. Speeches made at the opening of the hostel implied that some training would be offered by the Occupation Centre in the grounds of Eaton Grange, though it appears that this was only possible when young children were attending the Centre in the 1930s. In the 1940s the age range increased and by 1949 anxieties were being voiced by the new East Anglian Regional Hospital Board about undesirable mixing of the sexes.⁴ In the 1930s the Centre provided literacy and numeracy teaching as well as training in domestic skills in the main for those still living in Norwich with their families, and it is possible that some of the women from the hostel attended the morning sessions. BOC Inspectors had visualised close co-operation between Eaton Grange and the

² NRO N/TC 52/41 BOC Inspector's Report 14 March 1934.

³ NRO N/TC 52/41 BOC Inspector's Report 24th August 1942

⁴ The Board considered that 'the employment of male patients at [the Occupation Centre] might cause difficulties because a number of female patients had to pass to and from the laundry, which is immediately adjacent' EARHB *Finance and General Purposes Committee Minutes* 14 Dec 1949, p.247, CRO R83/42.

Occupation Centre, and criticised the fact that by 1931 no attempt had yet been made to collaborate.⁵

Training in the hostel took several forms. In 1934, 13 women worked in the sewing room, 'mending children's underclothes and preparing for a sale of work'.⁶ Those who went out to work returned in time for some sewing in the evening. The 'Home Women' worked in the laundry and the kitchen as well as at the routine cleaning tasks. In an all-woman establishment, the gendering of work roles was not possible, and so they also worked in the kitchen garden, keeping the hostel self-sufficient in vegetables. During the war it was difficult to find a laundress, and her job was taken on by one of the women. The Visitors reported in 1940 that 'the patient now in charge of the laundry...seems to have settled down to her job.'⁷ She was allowed her own room and the highest rate of pocket money which was 2/6 a week. War-time conditions also meant that the bulk of the cooking in the hostel for four years was done by one of the women residents, supervised by the Matron. Marion Green remembers working in the kitchen:

*I worked in the cookhouse. Hard work ! You did the water,
rice pudding, porridge, stirring and pouring. Jam
puddings !. I used to have a big bowl....you'd wash that,
put the porridge input the tea in the teapot.*

Within the hostel, therefore, there was a fine line between training and work, in particular during the war. Tasks which could be represented as the means of acquiring skills for jobs outside, were also undertaken as part of the necessary daily running of the hostel. The women provided cheap

⁵ PRO MH 95/98 BOC Report 1 September 1931.

⁶ NRO N/TC 52/41 BOC Inspector's Report 14 March 1934.

⁷ LPHR Visitors' Book (Eaton Grange) September 23 1940.

labour and filled war-time vacancies. This staffing crisis was typical of problems throughout the country during the war, Thomson noting that, as a result, residents' labour became vital (Thomson 1998a).

In keeping with Miss Yeadon's ideals, basic educational skills were also taught in the hostel. Training for domestic work included numeracy and literacy, and some women were reported as making good progress:

Elizabeth B. aged 21: Marvellous improvement. Was not able to tell the time or count money. Now she can do both and does shopping for her mistress. ⁸

Those women who were less able were also given a chance to improve their skills because Miss Yeadon believed that though

...in some cases the rate of progress must necessarily be slow....there is no doubt with the proper care and attention which can be given more easily in a smaller institution, the patient benefits to a greater extent. ⁹

Implicit in many of Matron Yeadon's statements was a criticism of institutional life as opposed to the life in Eaton Grange. In the hostel her regime aimed to enable progress and improvement to take place, even for those perceived as less able. Her belief in the educational role of the hostel was thus in the nineteenth century tradition of education for improvement, rather than the custodial approach (Stevens 1997).

In order to fulfil the requirements set out at the opening of the hostel requiring the women themselves to be involved in its daily running to cut costs, the women were trained on the job. As the only jobs open to them outside the hostel were as domestic servants, this practice could be justified

⁸ NRO N/TC 52/41 File 3 1935.

⁹ NRO N/TC 52/41 Matron's Speech 21 March 1932.

by Matron and Committee. In the next section I discuss these domestic jobs, and the process involved in acquiring daily and live-in positions. In moving out into either daily or live-in jobs, the women crossed further important borders from a previous closed-in institutional life in a colony or PLI to a more normal life, mingling with the community.

Domestic Work 1930 -1948: The 'Era of the Maids':

'Be the best maid your mistress ever had' (Miss Yeadon)

As early as July 1931, women began to go out on preliminary trials as daily domestic workers, and then out on licence as live-in domestics for six month periods or longer. Those out on licence, received between 6/- and 10/- a week and were self-supporting; for those on daily work the City Accountant received between 4/- and 6/- a week. Of this, 2/- a week was paid to the women. ¹⁰ Wages for the daily worker in 1937 varied from 5s to 10s a week, out of which the women received between one and two shillings a week 'pocket money'. ¹¹ To express the enormity of the change in some women's lives, and the efficacy of even a short input of training, Miss Yeadon used the example of Alice Chapman's progress in a speech at the Hostel in front of an invited and prestigious audience. Describing Alice, she said:

¹⁰ NRO NT/C 52/41 File 2.

¹¹ NRO N/TC 52/41 BOC Report 1 May 1937.

Whilst away from home [in Stoke Park Colony] no opportunity presented itself for her to be given a chance amongst her more fortunate friends in civil life. After only a short stay at the hostel, she has now been able to go out into service for the first time to a freedom which hitherto has been unknown to her. ¹²

No doubt Miss Yeadon was anxious to impress her audience with examples of success, but that her description of Alice's progress is not exaggerated is borne out by the evidence of Alice's employer, Mrs. Pearce (Rolph 1999). I return to Mrs Pearce's testimony in the section on Progression Routes.

Marion, who also worked in the hostel kitchen (see above) remembered details of her daily work with a nearby family in 1943:

Years ago....used to work up the road for Mrs. D. every day but not Sunday. ...Big Houses, big hedges. Washed cups up and made the beds...lots of hard work...I had my money in my hand in a brown envelop, my name and how much.

By Marion's time daily wages had increased to a scale of 10s to 17/6d, with the women retaining between 2/6 and 4/- pocket money; living-in wages were on a scale of 12/- to £1 a week with the women keeping all their wages. ¹³

The question arises as to why it was so easy for Matron Yeadon to find work for the women during a time of great social and ideological change. Unlike Eagle House Hostel in Surrey which went to great lengths to disguise the fact that its residents had come from institutions (Gibson

¹² NRO N/TC 52/41 Matron's Speech 21 March 1932.

¹³ NRO N/TC 52/41 BOC Report 31 May 1945.

1930), Eaton Grange was highly publicised (see Chapter 5), and at a time of the continuing prominence of eugenic publicity, might have been classed as a dubious source of domestic labour. In her Report for 1937, Miss Yeadon noted that 'fortunately, there is a great demand for the girls for domestic work'.¹⁴ This demand was noted in reports throughout the period between 1930 and 1970. Miss Yeadon was able to keep a long waiting list. Several reasons may account for this local demand for labour from the hostel at a time when public attitudes tended to be influenced by eugenic fears and moral panics.

Mathew Thomson noted the national increase in the number of women labelled as 'mental defectives' in domestic employment in the 1930s, and has given one explanation of the phenomenon, arguing that this was a form of community care that proved popular at a time when domestic help was becoming difficult to find (Thomson 1998a). Any prejudice towards 'mental defectives', he suggests, was also over-ruled by the need for cheap labour.

Evidence from Norwich, however, is that live-in wages of women from the hostel paid to the City Accountant at this period were comparable with those of maids in general society (Taylor 1979). Minnie Cowley, an ordinary maid, was paid 7/6 a week for a live-in job in 1923, although she had to pay for her own uniforms (Taylor 1979). Elsie May Sharpe remembered her wages as a live-in domestic in Essex in 1931 to have been 10/- a week (Sharpe 1987). The records show that in 1930, employers had to pay a similar wage - between 6/- and 10/- a week - for a live-in domestic from Eaton Grange.¹⁵ Employers of women from Eaton Grange did not therefore pay less for their labour than they would for other maids, though

¹⁴ NRO N/TC 52/41 Matron's Reports, 21 October 1937.

¹⁵ NRO N/TC 52/41 BOC Inspector's Report 1 May 1931.

they would have hoped to be able to save on national insurance contributions by employing people on licence or under guardianship (Thomson 1998a).

If cheaper labour was not the attraction for employers, there must have been other reasons for the constant demand for domestic help from Eaton Grange. Some writers have said that the proportion of women in general in domestic work continued to decline after the first world war (Tilly and Scott 1978). At the beginning of the century, it is argued, nearly a half of all occupied women were employed in domestic work, whereas the census of 1931 shows that the proportion was less than a quarter as women chose factory or shop jobs rather than domestic service (Williams 1945; Tilly and Scott 1978). This argument also suggests that there is some evidence that even those who remained in domestic work were not so likely to want to live-in, and that there was increased dissatisfaction with the 'loneliness and 'never-ending' quality of the life of the indoor maid' (Williams 1945: 48). A vacuum was therefore created, which might explain the waiting list at Eaton Grange.

There is a counter-argument, however, which holds that not only did living-in service persist to a surprising extent throughout the inter-war period, but that numbers of servants increased by 16% between 1920 and 1931: in 1931, 23% of occupied women were domestic servants and over 800,000 lived in (Taylor 1979). Despite the depression, the ideology of domestic service between the wars was strong and pervasive. This was a period when not only middle and upper class homes employed domestic help, but 'large numbers of lower-middle class families could afford one maid' (Taylor 1979:122). Rather than a decline in demand, there was, the argument goes, an increased need from a new social class : 'servant-keeping was a mark of

status' (Taylor: 125). Local evidence in Norfolk confirms this, collected oral testimony recalling that:

This (1930) was the era of maids. Everyone seemed to boast or complain of the maids. I remember girls at school judging each other's wealth by the number of maids each had .

(Norfolk Federation of Women's Institutions Collection 1973: 80).

The research showed that many of those wishing to employ the women from Eaton Grange were lower middle class families, involved in trade rather than the professions, and that very often they preferred a live-in domestic. Oral history accounts told of the modest terraced houses in Norwich which had a live-in domestic and even small terraced houses had servants' bells, a fact confirmed by Pam Taylor's account (Taylor 1979). Mrs Redford, speaking of the 1930s in Norwich, said that 'In my day, in the old days, even in small terraced houses, people used to have live-in maids, that was the norm.' Although, as Taylor argues, there may not have been a shortage created by a general decline in women wanting to work as maids, there was nevertheless a new demand from another social class, and this caused the continuing shortage, and therefore opportunities for women from Eaton Grange. Certainly several of the key informants came from this social bracket. Added to this factor, was the convenience of the hostel which was placed in the middle of a residential area which included professional as well as trades families (*Jarrolds' Norwich Directory* 1911).

Another reason suggested by the oral evidence, is that families whose men were away at war, welcomed a living-in domestic for comfort and support. Mrs Pearce vividly recalls the frequent use of the Anderson Shelter in the

garden by herself and her mother accompanied by a supportive Emily from Eaton Grange:

I remember, that was the war years, and when we had those raids on Norwich, we all used to go to the dug-out in the garden and be there all night... and ... when we came up... Emily always said 'well, I wouldn't mind if the war ended tomorrow'!! And we thought that was lovely.

All these factors may well have contributed to the enthusiastic employment of a group of women which, according to the Mental Deficiency Acts, were to be segregated and excluded from ordinary life.

Another reason for the popularity of domestics from Eaton Grange could also have been a belief that they would be biddable and docile, and willing to do rough work. In the inter-war years, these traits were expected of all domestics, and as Pam Taylor suggests, the model seems to have been that of self-sacrificing middle-class wife: 'wifely 'giving' is clearly a model for servant subordination' (Taylor 1979: 134). As noted above, and in Chapter 5, Matron Yeadon aimed to train the women to be docile. Mrs. Pearce described one of the women employed by her mother as 'very amenable, very amiable...she was ever so obliging'. Alice Chapman used to recite long poems from memory, and two of these were copied into an exercise book now in the possession of her employer, Mrs. Pearce. Both poems exhort self-sacrifice in a woman, whose highest calling is to be a house-wife. Stuart (1998) discusses the middle-class model of seemly and prudent homelife. Ironically, for women who were forbidden ever to marry, the model was to be the perfect housewife.

Domestic work was the only employment offered to the women in the early period ¹⁶ It was seen as appropriate, and the type of work most suited both to the skills of the women and to the type of training easily available on site. Of equal importance was the fact that it was seen as 'easier to control' than other types of work (Rohan 1954: 65). In this, Eaton Grange was in the tradition of other hostels of the time. Winifred Gibson (1930) describes an experiment in Eagle House Hostel in which the women were offered (and declined) factory work, but on the whole, the most common expectation was domestic work. As I show in Chapter 8, the lack of choice in jobs for the women differed from the situation in men's hostels, where greater variety of work was available. In this gendering of outside work, Eaton Grange reflected attitudes to class, women and work in the wider community. Within the hostel, however, the regime had to be self-sufficient, so that occasionally gender roles were crossed as necessary (see previous section).

The evidence shows that within a few months of its opening, Eaton Grange had an active role in the community. By encouraging as many women as possible to go out to work on licence, it aimed to develop a role in both community care and control as defined in the Mental Deficiency Acts. Its geographical position near the centre of a city meant that its physical presence was in the community rather than the isolated position of many large institutions. The processes set up by Matron Yeadon to ensure open doors, to encourage a degree of independence in moving to and from work, and yet at the same time to supervise strictly the licence conditions of those on work, to visit those on licence regularly, and oversee the border

¹⁶ NRO N/TC 52/41 File 3. A Report mentions 'One girl employed in a boot factory' but that is the only reference to work other than domestic work found in the records to date. BOC Inspectors' Report 13 April 1938.

crossings between hostel and work, meant that care and control within the community was a priority in the inter-war period.

In the next two sub-sections, I explore ways in which both training and work opportunities developed after the setting up of the NHS in 1948.

Continuity and Change in Types of Training: 1948-1980

Miss Yeadon established a pattern of training for domestic work that continued after her retirement in 1948, and after the change-over to hospital administration. Chapter 5 described the administrative change in 1948. By retaining an unchanged role in training and employment, Eaton Grange became the link between Little Plumstead Hospital and the community; in effect it represented an example of community care as an adjunct of institutional care as recommended in the Wood Report (1929). It increased its commitment to a training role in the community for women coming from Little Plumstead Hospital, and was able to retain this role in the face of increasing criticism of institutional practices among social policy writers and reformers. In this analysis, although Eaton Grange could be seen as representing the extension of the institution into the community (Thomson 1998a), this case study shows that the situation was more complex, and that a type of community care continued to be in place which was in some ways independent of the hospital.

In the late 1950s, criticism of the system of putting the residents to work within hospitals meant that this practice began to change in the large institutions, though in fact it remained in place informally throughout the 1960s. Work inside Eaton Grange, however, continued because it could be justified as training, in particular as most of the women still went out to

daily or live-in jobs where they put into practice the skills they had learned in the hostel. Mrs. Jones, who employed two women in 1953, described them as very good workers who 'must have been well-trained at the home...they were very conscientious girls'.

Throughout its history, Eaton Grange was helped financially by the contribution made by the women working in the hostel as domestics and cooks. Another reason for their continued work within the hostel after 1948 may have been the staff shortages after the war, a perennial problem continuing into the 1960s and 1970s. In Pam Simkin's time in the late 1960s, the Cook was one of the residents, as she had been during the war, and she had a daily domestic job outside the hostel as well. Even as late as 1971 there was only a part-time cook, no domestics and the bulk of the work was done by the women.

A further reason was added to the need for in-house training in the 1970s, after the White Paper on Community Care (1971). Domestic training within the hostel was greatly increased after 1971, with the purpose of enabling the women to learn to look after themselves when they moved out into lodgings or flats. Although by this time such domestic labour had completely disappeared in Little Plumstead Hospital, it was still allowed to continue in Eaton Grange because it was regarded as having a crucial role in rehabilitation and socialisation. Although this had always been the case in the hostel, since the time of Miss Yeadon, social policies calling for integration and a greater degree of normalisation (Wolfensberger 1972) meant that rehabilitation training was now pursued with a new sense of urgency by the staff. Though the emphasis was on training for transition, this work can also be interpreted as exploitation. Jean confirmed that the workers were indispensable to the running of the hostel:

We had to work hard in Eaton Grange, slog, slog, slog all the while. We had to scrub the floors, lay the tables. We had to keep the rooms clean. There were no cleaners - we did the lot. We used to get paid...we had a wage.

Shirley Cornfield, who was a nurse in Eaton Grange in the 1970s, described

a surge on to get all these youngsters who had jobs and who could support themselves, into some form of accommodation.

Not only did extensive training in cookery, laundry and housework take place within the hostel, but some of the women also began to go out to Cookery Classes at Norwich City College in 1967, 'the first time that a course of this kind has ever been held in the city' (*Eastern Evening News* 28/3/67).

A training flat was set up which was used to give the women the experience of budgeting, shopping, cooking, cleaning and caring for themselves. Freda and Jean shared the flat and according to Freda,

we used to have to do the shopping and the cooking. We used to take it in turns to cook one another's meals.

The part-time cook meant that many of the women also had the opportunity to help prepare meals. Jacky's training was crucial to her being able to

remain independently in her lodgings and her flat when she moved out.

When Freda moved out to a shared flat, she did all the cooking:

*I even taught T. to make a cheese and potato pie and even
to cook a roast dinner !...I found it quite easy to move out*

...

According to the evidence of these life historians, transitions and border crossings were made easier as a result of the training they received in Eaton Grange, even though at the time the training was perceived as 'very hard'.

This section has explored the changes in policy in the early 1970s which resulted in a change of momentum in the training of the women in the hostel. New social policies were also gradually reflected in developments in employment opportunities. In the next section, I discuss the role of the working hostel in the post-war period, and in particular its continuing role in contributing to community care.

Types of Work : 1948-1980

Domestic help was not easy to find after the war in Norwich, and therefore there was still a steady call on Eaton Grange.¹⁷ There were national demographic reasons for the demand for female workers after the war. Tilly and Scott (1978) suggest that the pool of available single women contracted, just as a population growth created a need for help with children and general domestic support. This seems to have been the case in Norwich. Many families with young children had moved into the area, and several key informants recall the way they heard, through a local network of information, about Eaton Grange. Mary Poolley said 'My boys were two, and two months, and people said to me...'Why don't you have one of those helps from the Grange ? That's what you need !'....', and Mary Barnard, with a house full of young children and her mother-in-law to care for, said 'And then I found out about the Grange girls, who were only three doors away, and so I went to see the Matron ...'

Mary Barnard has written about four of the women she employed in the 1950s (Barnard 1995). She reveals that expectation of docility was still a reason for their popularity as domestics in the post-war period and that where this was lacking there was not much chance of the women retaining their positions:

I could be lyrical about Ellen. She is quiet and wastes no time and she fits sweetly with the household. She calls me Madam and is, as Matron carefully explained, subservient, and how one's vanity responds to that ! She treats the house as my

¹⁷ The Annual Report for 1955 stated that "40 go out to daily work and...there is a waiting list of potential employers amounting to between 40 and 50". LPHR HMC Annual Report 1955, p.19.

house and me as mistress. ...she has been taught to serve and does it well
(Barnard 1995: 78).

Ellen is contrasted with Gertie, her successor:

We are surviving, but only just, with Gertie. I now have a pretty comprehensive picture of what she doesn't like...it is mostly the children and after that the food. ...when I think of our happy days with Ellen I could cry.....

Gertie has gone back to the hostel. A further row followed by resentment and sulks on Gertie's part finished off the uneasy truce.

(Barnard 1995: 117ff).

Despite such individual difficulties, increasing numbers of the women were going out to daily work, and the reputation of the hostel as a source of labour remained high. The policy of the hostel regarding work in the 1950s, summed up by the 1952 Annual Report, did not change significantly after the setting up of the NHS:

The number of patients going out to daily work averages 42. The girls continue to go out to daily work as a preliminary to being sent on licence to residential posts. ¹⁸

The nature of the outside work did not change very much in the 1950s despite new labour-saving devices appearing on the market after the war.

¹⁸ LPHR HMC Annual Report 1952, p.17.

Luetkens described how women were to be tempted back to the home after the war by the appearance in the home of new labour-saving machinery:

If we want to restore the honour of home-making, it has to be made at least as attractive and as up-to-date as outside work.

At the moment, housework for most women is as lonely, as uninspired, often dirtier and even as repetitive and strenuous as most factory work.

(Luetkens 1946: 111).

Although hoovers were manufactured from 1921, not many houses pre-war were wired for electricity, and even after the war, Luetken's analysis shows that in 1946 six out of ten 'average' households in Britain had electric light, none had refrigerators or washing machines, one had an electric cooker, and only two had vacuum cleaners (1946:101). The type of work the women from Eaton Grange did was therefore on the whole still the hard hand work, scrubbing, washing, cleaning, brushing. Some, however, were offered training in the new household gadgets, and several of the employers saw it as their duty to train and guide the women, working alongside them. Elizabeth Ollier recalls that her mother, who employed four different women between 1953 and 1967, always worked with them to train and support them:

Rose stayed all day. Scrubbing the front door step had to be done twice a week - stripped , and scrubbed for a very long time with a brush and lifebuoy soap ...rinsed ..and ...dried She definitely did washing up. She washed clothes - helping, never unsupervised, but I can remember her putting things through the ringer and my mother turning

the handle and vice versa. She also learned to use the old upright hoover.

Some of the women who lived out under licence undertook child care as well as their domestic duties, though this was rarer and regarded by the authorities as outside their usual role. Mary Barnard described how much her children loved Ellen:

And you could leave the children with her...you weren't supposed to leave your children with the Grange girls on the whole, but she was different...she could do anything...she used the washing machine, hung everything out, and ironed them and so on...It was marvellous, it was absolutely wonderful....It was just what one wants.

According to Mrs. Pearce, Alice Chapman also looked after her children:

They'd be in the playpen and she'd keep an eye on them. When they were younger she'd take them out in the pram...You could trust her.. And they loved her. They still talk about her. It was wonderful for her to have the boys and wonderful for them.

One page in particular in the Memorial Album documents this period with photographs of the children taken by Alice, and a note written by her in her role as carer. (fig. 6) The fact that she elected to remain in this job even after her discharge (see later Section on Surrogate Families), suggests that her caring role within this family was her choice rather than her 'burden' (Finch and Groves 1983), and represents an example of what Walmsley

Figure 6



Alice Chapman with Mrs. Pearce's family, Norwich, c.1952.

refers to as the unknown caring roles of women with learning difficulties (Walmsley 1993 & 1994). Although for all domestic workers there was the likelihood of exploitation when domestic work was seen as a 'labour of love' (Stiell and England 1997), Alice's story contributed a different experience, showing that discourses surrounding 'family' were sometimes adopted by women from the hostel who were offered stark choices for the direction of their lives. This role of carer was her passport to an ordinary life.

Despite the hard work, the cleaning and scrubbing, several of the life historians valued their jobs and the opportunities they presented for socialising and meeting new people. Jean described the two day jobs she did for different families in 1968:

I liked my house jobs...very important. My house jobs were the best because they were dusting and cleaning and things like that...and I liked it because you could sit and have a coffee when you had a break and you could sit and talk. I liked that...They were friendly. I used to clean her husband's shoes ! He had abouts six pairs a day !

Surveys of the 1960s also found that older women without learning difficulties who worked as domestics, were motivated by a desire for companionship (Tilly and Scott 1978).

Wages for domestic work began to improve in the 1950s. Prompted by the 1954 BOC Inspectors' Report which criticised the low wages paid in Eaton Grange - 2/6 a week 'pocket money' for the home-workers and 5/- a week for those going out to work - pay rose in 1955 to 5/- and 15/- a week

respectively.¹⁹ According to Ossie Simkin who had responsibility for administering Eaton Grange wages when he worked in the Little Plumstead Hospital finance office, the rest of their pay after 20% deductions, was banked for them. He said that in 1948 payments were put on a more financially secure basis, 'and that's when they started the time sheets with all the money handled by the finance department and subject to audit'. Wages were also regularised by a Ministry of Health decree which stated that a portion of the earnings was deducted for maintenance which included bus fares, and canteen meals (Rohan 1954), but that the first 10/- and one-fifth of the remaining amount went to the women. Of 52 residents in 1955, all on 'full parole', 10 were out on licence and 40 went out to daily work. Of these, 19 were also employed in the house and garden, and 2 were 'long-standing residents'.²⁰

Both employers and staff commented on the fact that in contrast with the inter-war period, the rate of pay in the 1950s and 1960s now did represent cheap labour, which was another reason for the popularity of women working as domestics from the hostel. Pam Simkin summed up the dilemma of exploitation versus the justification of 'training- on- the- job':

The girls who went out to domestic employment when I first went there, a lot of them were really good workers and what they were paid was less than half what they would have paid a normal domestic.....I suppose they (employers) were helping the girls to get on to some extent...but they were good workers.

¹⁹ LPHR HMC Annual Reports 1954 and 1955.

²⁰ LPHR HMC Annual Report 1955, BOC Inspector's Report, p.28.

There began to be criticism of daily work in other parts of the country in the early 1950s, before the 1959 Act (Rohan 1954). The low pay was justified by an acknowledgement that employers were 'dealing with material inherently less efficient than the normal' and therefore would object if they had to pay higher wages (Rohan 1954: 72). Various arguments were used to justify daily work including describing it as 'an excellent form of Occupational Therapy' (Rohan 1954: 72). In Eaton Grange, however, it was represented both as an approximation to a normal life for those who remained as daily workers for long periods, and as a route to licence and more independence for those who left the hostel.

Changes in types of jobs began to take place in the late 1960s and early 1970s. The growing influence of the Scandinavian normalisation ideas on national policy resulting in the call for 'Better Services' (White Paper 1971) began to affect policies on employment in the hostel. One result of the interest in the normalisation principle was the prioritising of ordinary full-time jobs. According to Pam Simkin, the 'idea was to move the women into jobs where they could go out and live independently.' Whereas the men in Blofield Hall had been working in factories for some time by the late 1960s (see Chapter 8), jobs open to the women were still mainly domestic, whether in private homes, doctors' surgeries, hospitals or hotels. From the mid 1960s, however, several of the women, including Jean, Jacky and Freda, began to work at what they called 'proper jobs' in Billig's Tin Factory and Macintoshes Chocolate Factory, and gradually in the 1970s, domestic jobs were phased out. Jean gave up her domestic work and had a full-time job in Macintoshes. She appreciated the increase in pay and the regular working conditions. She still, however, worked mainly as a cleaner in the factory, though she occasionally had a chance to vary her work:

There was an Enrobing Room and a Box Room and a Rolo Room and a Wrapping Room and there was a Caramac Room ...and then there was the egg belt - great long thing...for the chocolate eggs. You just put the Rolos in boxes. They taught me to do that, stand on the machine and do it. I cleaned all these places...sorting out the bits and pieces of chocolate waste.. I used to bring bags of it home !

Jacky had a job in Billigs Tin Factory in the 1960s and remembers the low wages she received, commenting on the fact that bus fares had to come out of her earnings:

I had to catch two buses to get to the factory. ...A lot of money catching two buses. I got £2 from Eaton Grange for a week. I had to hand my wages in - Eaton Grange took the money. I took the wages home and handed it over. Only £2 from Tuesday to Tuesday. The money for buses was out of my own money.

She resented both the process of 'handing over' the money which reduced her adult status, and the fact that the wages she actually received were so derisory. Work in the Tin Factory was very hard, too, and she was sometimes injured: 'I made the ICI tin lids on a machine - kept cutting my fingers'. She left this job because of the long bus journey, and went to a job first in a shoe factory and then in Macintoshes which was closer to Eaton Grange, and which she preferred:

At Macintoshes I made up the rolo sweet boxes, then stuck labels on and cellophaned them up....I worked on the escalator where the moulds are, packing chocolates.

The process of job-finding was done by nursing staff from Eaton Grange rather than a social worker, and staff remained as the liaison people between hostel and work for the first months. Shirley Cornfield's role was to visit the factories and restaurants in Norwich, talk to the Personnel Departments, and accompany the women to their interview, and on their first day at work. The important role played by the hostel staff at these border crossings indicated the role of the hostel staff in community care in the 1970s, continuing the tradition of support which had been started by Miss Yeadon. June Evans described her particular role in supporting Pauline in her job on the conveyor belt in Macintoshes:

I used to go up there - monthly visits - you just went up to make sure everything was going alright ...and even in those days [the 1970s] you didn't go to a meeting without them [the women]. I talked to employers and kept very close contact.

Consulting the prospective employees about their wishes, offering choice, and joint interviews with employers was advocated by social work researchers writing about the transition process at this time (Adams *et al.*, 1972).

Jones (1975) found that co-operation between social services and hospitals during transitions after 1971 varied widely. In Eaton Grange, though there was liaison between the hospital social worker and the local authority mental welfare officers in finding lodgings, the initial role of job hunting

and supporting employment was taken on mainly by hostel staff. The policy of supported employment was not always able to prevent abuses. Oral history testimony highlighted an episode from the 1950s (see next Section), and Jean Andrews described her experience of going to work as a living-in domestic in 1969 in a home for older people:

It was in the country, right out in the blue. It was not hygienic, it was horrible...There were rats everywhere. I had to clean the kitchen all hours of the night. And we had to mop all the floor and wash all the bins. It was terrible. You'd never believe.

(Andrews forthcoming)

Support from social services and hostel staff rectified the situation when after one month she was visited by a social worker who organized her return to Eaton Grange, and local work which was easier to monitor.

The Chocolate Factory, a clothing factory, a sprout factory, a Tin Factory, a Cracker Factory and various restaurants all employed the women, and these jobs were the means which enabled them to leave Eaton Grange altogether and move into lodgings, group homes, or flats.

In the next Section I discuss the process of this progression route which could lead the women towards new lives.

Work as a Progression Route 1930-1980: The 'Royal Road'

'Work was the passport to the community' (Jean)

'Ability to work was the magic wand' (Pauline)

A theme that emerged from the Memories Group was the idea of work as a progression route in the 1960s and 1970s. Members suggested that work was a way to earn a transfer from Little Plumstead Hospital, and then move on also from the hostel. According to Jean:

*We moved into the world ! You wouldn't get out so quickly
would you...if we didn't work we wouldn't get out, would
we ? I mean if you didn't help yourself, you couldn't do
anything, could you ?*

The early hostel records suggest that this was a pattern which started in the 1930s when work was seen as offering a route to greater independence.²¹ In the inter-war years the women made various border crossings between one kind of work and another, and from dependence to some independence and a greater inclusion in society. Residents of the hostel were encouraged to see the different types and stages of their work as part of this route. Once a woman had spent a period in daily work, it was assumed that if she was satisfactory to her employer, the next step would be to live-in on licence with that employer. There was a hierarchy of work. Miss Yeadon's reports indicate that progression was the aim of the hostel for as many women as possible. In June 1932 she wrote that if Annie H.'s placement on daily work

²¹ This idea had an even longer history. Anne Digby quotes a 'female imbecile' in the York Retreat demanding her release, stating that 'nothing ailed her mind' but that she had worked like a slave for seven years' in order - unsuccessfully - to earn her freedom, *From Idiocy to Mental Deficiency* 1996, p.9.

is satisfactory, 'will the committee grant permission for Annie to live in on licence after a trial of three weeks?'.²² A BOC Report noted that 'At present there are three women on licence in situations. This number will be added to as and when the girls show themselves fit for this extension of their liberty'.²³

Alice Chapman's photographs chart her journey towards a more independent life from daily work to living-in jobs. (fig. 7) There is an informality in these photographs which document the border crossings and which show Alice relaxing in the garden of her employer. Though they may be interpreted as the traditional idealising family snapshots commemorating only happy events, the accompanying narrative of Mrs. Pearce as well as Alice's notes, letters and cards to and from the family members, imply her enthusiasm for her new life.

Thomson has suggested that these progression routes started in the parent institution where they depended on good behaviour in general and at work: 'Rewards extended from 'parole'...to leave...to residence in hostels located outside but nearby institutions' (Thomson 1998b: 204). After 1948, these routes further bridged the gap between institutional and community care (Thomson 1998b). The Eaton Grange records show that throughout the 1940s and 1950s there were large numbers out at work and on licence and a steady stream of discharges, as women earned their way out of the hostel through success in work placements which also offered lodgings. These placements included working and living in hotels, in hospitals, old people's homes and with families.²⁴

²² NRO N/TC 52/41 Matron's Report May 10 - June 14.

²³ NRO N/TC 52/41 BOC Inspectors' Report 1 May 1937.

²⁴ LPHR Register of Removals, Discharges and Deaths (Eaton Grange) Feb 1931 - Sept 1966.

Figure 7



a.



b.



c.

- a. Alice Chapman as a new arrival from Stoke Park Colony, 1931.
- b. c. Alice Chapman on licence, Norwich, 1940s.

The idea of the function of different types of work as a series of borders to cross before finally leaving the hostel was retained through all the various social policy changes until the 1970s when the adoption of normalisation ideas meant that further more urgent standards and tests were set up. June Evans, a nurse who was responsible for work placements in Eaton Grange in the 1970s, described the specific route:

They started by cleaning the church, they liked that and we used to use that as the starting point; then domestic work; then Macintoshes.

...they were all aiming for one thing which was to get out. So they were told that if they wanted to get out they had to have a work placement, they had to go through the training programme because they needed those skills or they couldn't have coped outside...We staff, we actually felt we were doing something..... and on the odd occasion when someone had to come back, the staff were devastated, absolutely devastated.

Hilda, Freda, Jacky and Jean moved through the stages from cleaning the church to daily domestic work to factory work, which Jean described as 'a proper job' and which Freda said she 'liked best'. Discussions in the Memories Group revealed that they were all encouraged to take the set route. Jean, who had moved through the entire route from Little Plumstead Hospital to the hostel, recognized the importance of work in the border crossings in her life:

Jean. Work was important because it helped us to get out

Sheena. *How ?*

Jean. *Well, doing a job, helping ourselves, not doing anything wrong. If I hadn't held on to my jobs I wouldn't be here now, I'd be back in Plumstead.*

She emphasized the struggle she had to succeed at her new jobs, and the difficulty of adjusting to a life in the community after living in the hospital. Even her daily journey to her different jobs represented an ordeal, symbolizing the significant border she had crossed into 'the world':

Crossing roads! that was the worst of it! I used to dread crossing that road. When it came to crossing roads, I had to get myself out of it, because that was making me nervous... even more... to think I'd got to be out in the world on my own. Yes, it was the worst thing in my life... But I helped myself. I had to do it.

Sherrill Cohen described 'gender-specific institutions as being in themselves neither good nor bad. The key variable in evaluating them is whether residents have the liberty to come and go as they please and to use institutions for their own self-determined ends' (Cohen 1992: 175). Although in a fundamental way, the women in Eaton Grange were deprived of their liberty, the Memories Group revealed that some of the women, having arrived at the hostel, were aware of the purpose of work and pursued their own aims accordingly. Jean, for example, said that she never tried to run away, or to remonstrate in her work situation because she knew that serious rebellion would delay her ambition of being able to leave the

hostel and run her own life. She stayed, she learned, she was trained, she was not necessarily docile, but she bided her time, and saw the potential of work as a progression route.

The progression routes, however, were selective and were not open to everybody. The rhetoric in the 1950s was that daily work provided the 'Royal Road to a return to the community' (Rohan 1954: 72), yet this disguised the fact that for many the journey remained a long one. In 1951, the NCCL pamphlet *50,000 Outside the Law* had revealed the abuse of the licence system which prolonged the control over people in institutions, yet for many, little changed in the following years (Stainton 1994). In Eaton Grange, with its role both as 'home' and 'half-way house', the situation was contradictory and complex. Though many women went out on licence and were then discharged in the 1950s, and though this had been the policy in the hostel since its inception, some women remained for many years in the hostel at a time when there was not yet the urgency to discharge and when, as the hostel grew, their help was needed increasingly to run it. Elizabeth Ollier remembers that her mother employed Rose for about ten years on a daily basis, before Rose finally went out to work and live in a hotel in 1967. The justification given by the BOC Inspectors and the MD Committee for the role of Eaton Grange as a long-term home for some of the women, was that they had no home of their own, and no families to support them. Doubts were frequently expressed as to whether the women could live on their own if discharged, and for them Eaton Grange was perceived as refuge and asylum ²⁵. For women like Rose in the 1960s, the hostel still assumed a protective role, little alternative accommodation being as yet available. Similarly, Eaton Grange eventually became Emily's

²⁵ NRO N/TC 52/41. A Report described many of the women as orphans, illegitimate, with unsuitable families, in short they had no 'home' except Eaton Grange which could adequately control as well as care. BOC Report 1 May 1931.

home for her retirement after several years as a living-in domestic. (see p.228)

Other women such as Marion in the 1940s, started down the progression route, with jobs in the hostel leading to daily jobs, but were then transferred to Little Plumstead Hospital. Marion's life story exemplified the use made of the hostel by the Hospital, and the enforced migrations between the two in the spirit of the Wood Report of 1929 (Rolph 1999). Marion felt constrained by the rules of the hostel and fought against them. She could be difficult and her family were judged not to be respectable.²⁶ Her 'uniformly good behaviour', noted in the records in 1948, which enabled her to make one of her return stays at the hostel, was not maintained and she was regarded as unsuitable for hostel life. She moved back to the hospital rather than further out to family placements on licence.

After the 1971 White Paper, Group Homes began to be opened nationally by local authorities to offer more independent living (Malin 1980). Lodgings (Jones 1975) were also provided, as were new Adult Training Centres (Malin 1980). The gradual increase in the availability of supported accommodation in Norwich in the 1970s was a new factor in the progression routes. The Norfolk Area Health Authority Report described new sheltered accommodation and group homes. This increase, combined with successful job placements, meant that the women could move out of the hostel into flats, and different types of group homes, local authority or private (see Fig. 2). For example, Social Services bought the nearby Eaton Old Hall, and converted it into flats, with a warden living nearby. Many of the women, including Jacky, were able to move into a flat, and yet remain close to Eaton Grange if support was needed. According to June

²⁶ NRO N/TC 18/5 M.D Committee 1946.

*...in the late 1970s all of a sudden we had a lot of places
outside so a lot of people went out.*

Four of the life historians were able to move out of Eaton Grange in the early 1970s because they had full-time jobs and were self-supporting. Jean was the first to leave in 1975, Jacky, Freda and Pauline followed. They moved into a variety of group homes run by social services, and then into individual flats with a warden. Jean, Jacky and Freda all got married, and are now living in flats with no warden. Jacky remained at Macintoshes from 1970 until it closed in 1996, Jean and Freda worked there for a period, and Pauline remained for nineteen years. Hilda, who was older, moved into a private home. She did not work again.

I have argued that work as a progression route was a way for some of the women to earn their way further out into the community. Different jobs represented various stages on the journey, further borders crossed. There was also another meaning for the progression route. Mary Stuart describes a hierarchy of work for women with learning difficulties living in two convents, where farm work was a step on the way to the 'clean' work of the laundry: 'In other words, symbolically, the women on the farm were sinners who, in Catholic theology, needed to earn their redemption' (Stuart 1998:180). In the next section I argue that the idea of work as redemption and atonement was a concept that was not confined to religious houses or convents.

Work as Atonement: 'There is a niche for him (sic) if it can be found' (Evelyn Fox)

This section explores the ways in which work acquired a symbolic meaning for some of the women. I suggest that there were ways in which people with learning difficulties were encouraged to atone for their disability and, having atoned, could earn their way through the various boundaries to a more independent life. They were thus redeemed in the eyes of society, and allowed to join it in some limited way. Both national and local policies concerned with work dictated one way, my research suggests, that people were asked to prove themselves, being required to earn a place in ordinary life, rather than having a place by right (Stainton 1994). Atonement and redemption have religious connotations. Although the hostel was not a religious foundation, it was still underpinned, in the early period in particular, by Christian beliefs. Sherrill Cohen argues that '*although religiously dominated culture has given way to more secularism in Western society, the religious topos of conversion from the status of sinner has continued to be an inescapable motif in social life. The linkage of sin and penitence has provided a paradigm for human behaviour to which women in particular have been pressed to conform*' (Cohen 1992: 165).

This section is closely related to the section on progression routes, but it explores in more depth the meaning of those required routes, and the border crossings along the way. It throws light on the exclusion or inclusion of people with learning difficulties and their disputed 'place' or 'niche' in society. It draws on Sibley's arguments of cleanliness and defilement (1995), and Mary Douglas' ideas on pollution (1970). Scholars have outlined the 17th and 18th century origins of the idea of disability seen as

deficit, and the disabled in need of redemption and salvation (Stainton 1994; Goodey 1996). Examples of possible means of atonement through work are discussed in some of the literature reviewed in Chapter 2 (Strange 1993; Cohen 1992).

By the early years of the 20th century, medical interpretations of those with learning difficulties assumed an incurable pathology, and medical and social writers such as Dr. Alfred Tredgold and Mary Dendy did not believe in cure or correction but only in permanent segregation (Jackson 1996). Other bodies, such as the Board of Education, in the early 1900s challenged Dendy's public statements on incurable and permanent 'mental deficiency'. Although a debate took place, by 1913 many medical practitioners and educationalists were convinced by Dendy's argument, and spoke in favour of permanent segregation as 'a great step forward' (Dendy 1911: 629). Within this segregated provision, however, Mary Dendy did see the opportunity for redemption. She believed that through educational and practical training and work, as Mark Jackson has put it, 'the moral reclamation of the feeble-minded would be achieved' (Jackson 1996: 175).

In this context, therefore, there were complex attitudes to the improveability of people with learning difficulties within segregated placements, whether large institutions or hostels. Evelyn Fox wrote in 1923 that 'there are many who will be able after skilled training and teaching to return to the outside world' (Fox 1923: 76). In 1930 she wrote:

Finding employment for the adult defective is one of the most important, and one of the most difficult functions of the social worker...there is a niche for him (sic) if it can be found....
(Fox 1930: 73/74).

She suggested a system for the graded improvement or gradual redemption of the individual when she said:

Those who fail repeatedly in the different kinds of work will not be cast adrift but will be sent back for a further period of institutional training and strict control or if necessary for permanent care.

(Fox 1923: 78)

My research into the meaning of work in the hostels has suggested that it was sometimes construed by policy makers, and by both staff and people with learning difficulties as a method of atonement, and as a means of redemption, and certainly as a means of *earning* further freedom and independence, knowing the penalties of being sent back from licence, or sent to the colony if the residents 'failed'. In a previous section I have discussed the debates surrounding consistently low pay and the justification given for it in social policy and by professionals (Rohan 1954). The low pay, or the pay in kind, for any work done could also be seen as a way in which it seemed acceptable for people to atone for their condition. Potts and Fido accounted for the fact that people in institutions worked for no pay or only pocket money, by suggesting that 'this work seems to have been viewed as some sort of atonement to society for the fact that the colonists had been certified as mentally deficient' (Potts and Fido 1991: 78). Certainly in Eaton Grange

in the tradition of the Poor Law, they tried to get as many people as possible doing something useful, working within the place. (Interview with Ossie Simkin).

For the life historians, work represented a means to attain an ideal of a better life. Discussions in the Memories Group revealed that it was also associated with tests and hurdles. By the 1960s, Eaton Grange had the reputation of being above all a place of work. Jacky thought she had been moved there from Little Plumstead in 1968 because she had been 'good'. When Marion went into Eaton Grange from London in 1943 she assumed that it was a place you went to when you had been 'naughty'. For both, Eaton Grange with its ethos of work represented a different stage along the way towards what those in authority were determining for them as a means of progression.

Alice Chapman had described her experience of work at Stoke Park Colony to Mrs. Pearce, 'scrubbing till the steps were white as snow', her language redolent of the symbolism of atonement. Discussions in the Memories Group indicated that members understood that sometimes cleaning work was used as a punishment. Jean said 'I could be a little devil!' and she talked about the excessive daily scrubbing on her ward in the hospital before she moved to Eaton Grange:

We had to get up early every morning to do some scrubbing on our own ward before we had breakfast. We had to get on our hands and knees. ...that was terrible. I don't know why we had to do it....I think it was to punish us because if you did anything wrong, you had to do it even harder !

The type of work the women did when they went out from Eaton Grange to domestic jobs also often included the rough hand work. One of the explanations for the demand for the women from Eaton Grange in the 1930s and 1940s as domestics was that, according to Mrs Smith, whose family employed women from the hostel, they

didn't mind doing the rough...I can remember seeing them going to houses round about to do the rough.....they used to wear awful old overalls, dreary colour...G. worked in our scullery, washed up in the scullery sink and washed the floor . She came twice a week.

'Doing the rough' also meant filling the hods of coke boilers, getting coal and wood in for open fires, polishing furniture and brass. This perception that 'mental defectives' did not mind doing the hard jobs was still widespread in the 1950s. The Medical Superintendent of Coleshill Hall gave this as the justification of his policy in 1954 for the men going out to daily work . He wrote that '...[the defective's] willingness to undertake unpleasant tasks, to put in, if required, long and arduous hours at e.g. coal haulage or salvage....is frequently contrasted favourably by his employers with the...normals...' (Rohan 1954: 68). This attitude in an employer was detected by Monica Newing, a key informant who befriended one of the women from Eaton Grange. She described her friend's exploitation by an employer who, in Monica's words,

treated her like a slave...she slept in a horrid little attic, there were 16 rooms in the house...and she was a middle-aged woman. When I did eventually talk to them about it,

*they said 'Oh she's only a maid and that's how we treat
maids - she gets paid and fed...'*

Conditions of domestic work in general in the inter-war period were poor, and 'never-ending work' and 'doing the rough', with unregulated work and long hours could be a feature of domestic work for all maids, including those without the label of 'mental defective'. Maids in general were also controlled and supervised in their live-in situations, and for them, too, contact with men was forbidden. Some of the households even had 'Rules for Domestic Staff' forbidding talking to male 'outdoor staff' and the 'exclusion of boyfriends' which were very much like Miss Yeadon's rules for Maids. (Fig.5) ²⁷ The vital differences, between them, however, were that the rough work was sometimes assumed to be the main role for all the women with 'mental deficiency' of whatever age, regarded as being something that 'they did not mind', was perhaps even natural to their state; there was an exploitative wage for both groups, but it was even more derisory for 'mental defectives'; and finally, for maids in general there was no absolute ban on marriage and freedom of movement, whereas the women from Eaton Grange could only challenge at some risk and with great difficulty the edicts of the Mental Deficiency Act forbidding relationships with men.

Work situations within the hostel could also afford opportunities for control and penance. Miss Yeadon's belief in the improveability of the women, and her vision of the possibility of change and progress in their lives called sometimes for symbolic measures. She imposed a rule of silence during all

²⁷ *Rules for Domestic Staff* at Chipscroft Hall, Cheshire, used in the 1920s and 1930s and issued by a Mrs. Ernest West: 'that you will enjoy giving of yourself as much as possible to them (the family) never being afraid to give a little more than you might consider necessary...' in Northwest Archives of Oral History Manchester Polytechnic. Quoted in Taylor, 1979, p.133.

meals and while the women were at work. The rule of silence is more usually associated with religious discourses where remaining silent at work would 'help us to stay pure' (Stuart 1998: 178), but religious views were an important part of eugenic ideology in lay as well as religious provision (Stuart: 27 & 189). In the hostel the rule of silence is also likely to have been associated with ideas of sin and reparation, and with the aims of the Committee to change the women into virtuous members of society. Miss Yeadon's intentions were clear in her Rules:

Say your prayers night and morning and thank God for helping you so much

Never speak unless spoken to

Always be respectful;

Don't think you are better than anyone else. BE HUMBLE. (see Fig. 5)

It is possible that laundry work in Eaton Grange was also used symbolically as a way of 'purging the moral contagion' of those of the women who had been segregated because they had had illegitimate babies, and had come to Eaton Grange from the PLI. It has been suggested that laundry work was used in this way in penitentiaries and convents (Mahood 1988; Stuart 1998), and, although not a penitentiary, Eaton Grange was not without a dominant religious discourse. There were local precedents in that there were early Refuges in Norwich, and one of the models for services for 'mental defectives' in 1930 was that of hostels and rescue homes set up for 'fallen women' in other parts of the country.²⁸ *The Report of the Royal Commission on the Care and Control of the Feeble-Minded* in 1908

²⁸ Jan Walmsley found that the Bedfordshire local association of the CAMW had close connections with Bedford Rescue Home, whose Matron became the secretary: 'In Miss Cariss's case, the Rescue Home link with the cause of 'fallen girls' appears to have influenced her practice. She was assiduous, indeed zealous, in harrying the MD Committee to deal firmly with young women who in her opinion were in 'moral danger' Walmsley (forthcoming 2000).

devoted a section to exploring Magdalen Homes, and Penitentiary and Rescue Homes for information concerning possible services for 'mental defectives', and Ellen Pinsent reported to the Commission on the Laundry and Home of Industry in Birmingham. In the Rescue Homes set up in London the women carried out all or most of the domestic work and 'sometimes a special feature is made of the laundry work'.²⁹ The language used in many of these Rescue Homes is that of reform and 'reclaiming' (Haggard 1910).

I have earlier noted the importance of laundry work in Eaton Grange, and the fact that during and after the war the laundry was run entirely by the women themselves.³⁰ This was not easy work. A plan of the 1928 conversion of an out-building into the laundry reveals a stark building and harsh working conditions.³¹ The Drying Room contained a portable stove, the main Laundry Room had concrete floors and three washing tubs with three cold supplies, and a copper. In 1941 the matter of the long hours worked in the laundry was raised by a BOC Inspector, and although his conclusions were disputed by the M.D. Committee, the evidence suggests that this was hot work, in cramped conditions.³² For the woman who had the job of Laundress, the job undoubtedly had status; for the 7 'Home Women' working with her, the conditions could be difficult with little reward. Mahood suggests that 'laundries served a symbolic function: through laundry work women daily performed a cleansing ritual' (Mahood 1988: 55). The argument that it seems to have been necessary for women in particular to continue to atone for their condition in this type of work is

²⁹ Report of the County Medical Officer of Health and School Medical Officer LCC 1918 p.xx iii.

³⁰ LPHR Visitors' Book. In 1940 the Visitors reported that the 'patient now in charge of the laundry seems to have settled down to her job judging by the whiteness of the house linen...she is an excellent laundress'.

³¹ NRO N/TC 52/41 1928

³² NRO N/TC 52/41 BOC Report 4 April 1941; Letter from Town Clerk 10 May 1941.

strengthened by the statement of the architect employed by Group No. 9 that 'the laundry personnel are all invariably female patients' (Aldis 1961: 122).

It has been argued that decisions taken by the residents to work hard can be construed as status-seeking rather than an act of redemption (Stevens 1999) and this is borne out by the evidence of some of the women in Eaton Grange. The personal accounts of others, however, seem to point to an awareness of the role of work in their lives in making them prove their worth, change, and earn their transition to independence. Along the way, several, such as Alice Chapman, did gain great satisfaction and pride in their work, but the evidence from others was that many of them pursued hard and sometimes punishing work as a means towards an end.

Normalisation in the 1970s and 1980s, rather than making the progression route easier, instead erected further hurdles and tests. A 'readiness trap' emerged, which continued to deny people's rights to independence until they had earned it by proving that they could fit into the community (Booth, Simons, Booth 1990; FEU 1992). Jean's comments indicate her realisation of the importance of succeeding in her various jobs if she was to achieve her freedom, and spring this trap.

Surrogate Families : access to social networks, friendships and families through domestic work

Work also had other more positive meanings for the life historians. The Memories Group suggested that as members passed down the progression routes, they valued work in different ways. Work could also provide a way in which the women could challenge the rules, cross borders and form friendships with people outside the hostel. Several of the oral history

accounts refer to the interaction with the community. Sociological studies of community in the 1960s suggested that it had not after all disappeared as an entity (Young and Willmott 1957). Alaszewski and Ong refer to the 'caring capacity of local neighbourhoods' (1991:21), and Bayley described 'the essence of the delicate fabric that makes up the life of a locality in a town' (Bayley 1973: 332). The research showed that some members of the local community around Eaton Grange related to the women in several ways: not merely as employers, but also as friends.

The familial ideology of the hostel was carried over into the domestic work place, in particular when the women left the hostel on licence to live in with families. A finding of the research was that domestic work sometimes offered the opportunity for women to experience a family life they had never had, and that some employers were aware of their role as 'surrogate families'.

There were different degrees of acceptance by the families. Mary Barnard has written of one of the women whom she employed in the 1950s: 'Ellen ...has settled in with the family much as an elder daughter might, fitting in with both young and old in a natural relationship' (Barnard 1995: 79). Mary Barnard told me that Ellen was part of the family and just like a daughter to her, and wrote that 'I think she's happy. We've tucked her away in the little corner attic, sunny and with the luxury of a carpet' (Barnard 1995: 79). When Ellen was discharged from the Act in 1959, and left the family to take up an independent life, taking jobs in a factory and in a school, she returned to visit the family soon afterwards: 'a little weepy, a little nostalgic, and I thought I detected a plea to return. 'You've bin like a mother and father to me' (Barnard 1995: 116). Barnard described 'the small heartbreak' of Ellen's resignation (ibid).

Some of the other key informants, knowing the background of the women, described their compassion for them and their wish to make up for the family life they had lost. According to Mary Poolley:

We welcomed them into our homes

.....

We cared for them...they were given into our care...and were in need of care and protection....the employers were 'in loco parentis' ...the way the women and girls lived was supposed to be a substitute for the family life which they had never hadIt was an extraordinary mishmash of a job really, you were partly helping them and they were partly helping you .

Although 'doing the rough' was accepted as normal work by some employers, others were less exacting. A close friendship sometimes developed which did breach the barrier between employer and employee. Several of the older women from Eaton Grange had domestic jobs, but were given undemanding and gentler work in the houses. Mrs. Redford developed a close friendship with Amy who worked for her on a daily basis, 'doing a little polishing...not much because of her frailty and she was near retirement'. Employee status was transformed into friendship and then into a stronger sense of family ties. Mrs. Redford kept in touch with Amy once she had retired, used to visit her regularly in the seaside group home she moved into, and was the first person the home contacted when Amy became very ill. She said: '...she was such a sweet little person and oh yes, I mean yes, I loved, I just loved her really. Very sad when she went...'. The friendship with Amy extended to taking steps to help her when it seemed

she was not being supported or cared for sufficiently in her seaside group home. Emily, another resident of the hostel, who had been in the PLI and was the subject of a concerned report by the Enquiry Officer in 1926,³³ lived-in with Mrs. Pearce's mother for thirteen years, retiring when she was 60. According to Mrs. Pearce:

....she didn't do very much...but she just used to potter about and do the dusting and washing up. My mother looked after her...she was very mentally frail. Those that went out to work, they were part of the families they were helping.

Mrs. Pearce's testimony also enabled a reconstruction of Alice Chapman's life story which revealed that Alice's new role of carer in 1931 gained her a secure and valued place within a surrogate family which she never wanted to relinquish even after she was discharged from the Acts in 1956 (See earlier Section on Types of Work). She lived with Mrs. Pearce's family for over twenty years, caring in turn for Mrs. Pearce's sick mother, and then her two small children. According to Mrs. Pearce, she was 'one of the family' She ate all her meals with the family and 'she was good company'. Alice's own affectionate letters, notes and cards collected by Mrs. Pearce, are evidence that she loved the family, and relished the freedom and social life she enjoyed with them. When she learned of her imminent discharge from the Acts in 1956, she advocated on her own behalf by writing a letter to Dr. Morris expressing some anxiety over the implications of severing all connections with Eaton Grange. According to Mrs. Pearce, she was

³³ NRO N/TC 18/1 Enquiry Officer's Report 14 October 1926: 'E. has aged considerably since we last saw her. She complained she was responsible for the cleaning of 8 rooms and stoves when fires were lighted'.

reassured by the promise of support from the Visitors after discharge, and by being able to stay on with her adopted family.

Another finding of the research was the depth of some of the friendships that grew between people in the neighbourhood and the women from the hostel. Though they were forbidden to develop friendships with men, they did sometimes 'dawdle' and 'malinge' on their way home from work, meeting and befriending people in the neighbourhood. Monica Newing was not an employer, but in 1946 became a friend of two of the women from Eaton Grange who passed by her garden gate every day to and from work, and who were one day invited in by her two sons aged 3 and 5 for tea and biscuits. This became a daily event, and the women would sit round the kitchen table and describe their lives to Monica, and play with the children. According to Monica:

they seemed very fond of us and were very sad when we moved...they were very sweet to the children...occasionally they'd bring them a little tube of sweets'.

The relationship was reciprocal:

The children loved them....they'd watch for them coming, and open the gate, whether I was cooking or doing...'Here they are !

Although Monica found them 'very strange in many ways ' she accepted the 'strangeness' and did not regard this as a stigma.

As the women were always told to go straight back to the hostel after work, this was an example of the women rebelling and making a secret life for themselves. It also reveals the losses in their lives caused by segregation policies. Though Mrs. Pearce described the happiness of the women in Eaton Grange (see last Chapter), there were gaps in their lives. Monica Newing said that 'men, or the talk of men, featured a great part in their lives...to their delight my husband appeared occasionally'. They told her that their great joy was their cleaning job in the nearby church: 'Both were in love with the Vicar and Curate'. Like Mrs. Redford, Monica Newing also intervened when at a later time, in the 1960s, she befriended a woman from Eaton Grange who was being mis-treated and exploited by her employers (see previous section).

Factory work also offered opportunities for many more friendships. Jean, Freda and Pauline befriended Jean Aldred in the late 1960s and early 1970s when they all worked at Macintoshes Factory, a friendship that has continued for thirty years. During sessions in the Memories Group, all four have reflected on this friendship, and these discussions have revealed further areas in which women were sometimes able to move beyond the restraints of the hostel, and form their own relationships. A factory job also meant inclusion in the community in other ways. Jean remembered going on day trips to France arranged by Macintoshes; and she also used to frequent the Factory Social Club.

The Mental Deficiency Acts dictated that people labelled as having a 'mental deficiency' must be excluded from ordinary community life. This thesis has found that it was possible for some of the women to form and maintain friendships outside the hostel even at the height of the panic and alarm raised by eugenic theories, and that work was one of the platforms

which enabled them to do so. These friendship networks had a role in community integration and inclusion at one level, and formed one of the strands in the complex structure of community care, in this case care by the community (Bayley 1973). Though the networks changed in character as different work opportunities arose or were closed down, they remained a constant factor in people's lives. Jan Walmsley found that 'work seemed to act as a spur to contact with the community' although most of the people she interviewed 'spent the majority of their leisure time with people with learning difficulties' (Walmsely 1994: 156/166). The emphasis I found was certainly on intense friendship networks among the women themselves, but also on important and sustained friendships with others in the community, and the transposition of some employers into surrogate families.

Conclusion

The archives revealed that work patterns were set up in Eaton Grange to enable the women to experience a more normal life in the community than they had had in the large institutions, though at the same time, work was to provide a method of control. It was also hoped that it would defray some of the costs and help in the running of the hostel. Eaton Grange evolved into the kind of hostel called for by Fox in the 1930s and Rohan in the 1950s: a designated working hostel. After 1948, through its work policies, it became the focus of community care for Little Plumstead Hospital.

Evidence from oral history and from the Memories Group showed that work also had many other and more complex meanings. On the one hand it was valued by some of the women as a offering a stable way of life with a home base; a progression route into the community; surrogate families;

caring work which was valued; opportunities for friendships; training and a chance to learn new skills ; and adult status.

On the other hand the nature of the work sometimes implied other meanings: exploitation; compulsory tests and hurdles; a requirement to earn a place in the community through atonement by hard and low paid work. The Memories Group revealed awareness of this, and examples of individual agency by some of the women to assure themselves of eventual freedom.

Experience of work was different for each of the women, some describing it more positively than others. These differences depended on where they had lived before Eaton Grange; their age; luck with employers and friends; skills, ability and personality. All, however, had the common experience of the label of learning difficulties and life in the hostel. National and local policies had directly affected their working lives and their chance of finding a 'niche'. The findings therefore, though often contradictory, suggest work as a major theme in the history of the hostel, having an important role in its relationship to community care between 1930-1980.

In the next two chapters I explore the history of a men's hostel, through a case study of Blofield Hall.

Chapter 7 Blofield Hall 1952-1980 (A Case Study)

Part 1 Home, Hotel or Outpost?

‘There are two hostels, one for female patients called Eaton Grange which is situated in Norwich, and the other for male patients adjacent to this Hospital [Little Plumstead] called Blofield Hall’.

(Board of Control Inspector’s Report, 1958).

‘Our two hostels bridge the gap between life in Hospital and life in the community.’

(Hospital Psychiatric Social Worker, 1958)

Introduction

Blofield Hall was a men's hostel administered as part of the No. 9 Group by the Hospital Management Committee for Little Plumstead Hospital under the East Anglian Regional Hospital Board from 1952 to 1974 and then under the Norfolk Health Authority until 1984 when it was closed. It was a fine Victorian mansion with wood-panelled rooms and an elegant staircase, set in large grounds. The two hostels, Eaton Grange and Blofield Hall, do not have direct comparability in time, as Blofield Hall was opened twenty years after Eaton Grange, but both were then administered by the same authority under the NHS (Morris 1966). A major difference between the two hostels was that Blofield Hall was situated in the country, one mile from the Hospital, and therefore more closely linked to it, whereas Eaton Grange was in the city, seven miles from the Hospital, with which it had only become associated in 1948 after nearly twenty years as a local authority hostel. In spite of these differences, the research revealed similar themes in the two hostels: concepts of home, the focus on the idea of work,

border crossings, inclusion and exclusion, and care and control. A comparison also offered the opportunity to analyse gender issues; and geographical comparisons revealed useful material for analysis of concepts of the role of hostels in town and country.

In this case study I suggest that Blofield Hall was a response to a revived post-war interest in 'rehabilitation'. The argument was that re-socialisation and training could not take place satisfactorily in the ward of a hospital, but that a hostel setting would be ideal (Morris 1948; Rohan 1954; Gunzburg 1958; Fitzpatrick 1956). Time was ripe for training to take place 'outside the walls' of the hospital in a setting as close as possible to employment opportunities (Fitzpatrick 1956: 836). Training was to take place in a homely hostel setting that emulated the outside world and where 'board and lodging' aspects of life could be learned (Gunsburg 1958). In the case study I explore the ways in which this was the aim of those who established Blofield Hall, and how the rehabilitation processes were experienced by the men who lived there.

The men involved in the research had all been at some time in their lives, residents of Blofield Hall, and their testimony, together with those of members of staff and employers, was a major source for this case study. The Memories Group in particular was valuable in providing a forum where comparisons could be made by the members between the experiences of women and men, a female hostel and a male hostel. Two members of the Memories Group, Douglas Lanham and George Gladman moved to Eaton Grange from Blofield Hall, and so were able to add first-hand comparisons. Archival evidence gave the background to discussions surrounding the opening of the hostel and described the official aims for it

year by year, which could then be compared with the recollections of the Group and the nurses who had worked there.

In the following sections I first of all set the opening of the Hall in context, and then explore its history through two of the emergent themes. The three sections are:

Background and Context: the opening of Blofield Hall

A 'Home' or an 'Outpost'? Social Activities and Leisure: 1952-1980

A 'Hotel' or a 'Barracks'? Care and Control 1952-1980

Background and Context: the opening of Blofield Hall

The opening of Blofield Hall related to national developments in the 1950s calling for renewed facilities for rehabilitation (see Chapter 2), but there were also particular circumstances in Norfolk which encouraged the establishment of a male hostel attached to the hospital.

After 1948, Little Plumstead Hospital began to develop a more active role in the setting up of provision in the county to continue both the surveillance but also, increasingly, the training of people with learning difficulties outside the hospital. Dr. Morris guided this policy (Morris and Alford 1959), the Board of Control recognizing it as pioneering.¹ Against this

¹ By 1954 the BOC could say in its Report that 'This must be easily the most outside medical work undertaken by any mental deficiency hospital in the country'; and again in 1955 'We can definitely state that there is no other mental deficiency colony in the country which has such a wide range of activity outside its own affairs as Little Plumstead Hospital' LPHR HMC Annual Reports 1954, p.22 and 1955, p.23.

background of developing community services by the hospital, the decision was made by the Hospital Management Committee in 1951 to purchase Blofield Hall which was to have the role of male hostel, with at first 40, growing to 60, residents.² By September 1951 it was declared that Blofield Hall was shortly to receive 'high grade defective men and youths' (Morris 1966: 9). As with the founding of Eaton Grange, there were several different voices and agendas surrounding this decision. One of these, representing the Medical Superintendent's view, was that 'Apart from ideal accommodation as a hostel for male patients....the situation being close to Norwich and the parent hospital, it was ideal for housing patients going to daily work in the community' (Morris 1966: 9). His views were echoed by Guy Aldis, the Architect for No. 9 Group when he described the ideal male hostel:

A very large proportion of the High-Grade Patients will have received training to permit them obtaining employment in the community; ...the men will be employed in factories, on farms, or market gardens. The residential accommodation to be provided for these patients therefore resolves itself to comfortable homes from which 80%-85% of the patients will go out to work daily like any other citizen, whilst the remainder will be in a transition stage before going out to work

(Aldis 1960: 61)

Dr. Morris had begun to show interest in the hostel idea in the late 1940s. The establishment of Blofield Hall needs to be seen in the context of his

² '...the Minister of Health has given approval to the acquisition of Blofield Hall for the accommodation of High Grade mental patients from Little Plumstead Hall'. EARHB Minutes, October 1950, p.168. CRO R 83/42.

attitudes and aspirations regarding the role of the hospital and community care. He reaffirmed the deeply-felt suspicion of families which still existed despite the beginnings of a change in attitude post-war as the fear of inherited mental deficiency receded. Middle-class parents began to find a voice through the National Association for the Parents of Backward Children, founded in 1946. In 1948, the Norwich Local Society of the NAPBC was started, to fight for support for families who looked after their children at home. There was still the belief among professionals and the BOC, however, that the family's influence could be detrimental. Dr Morris' view was that

...the majority of the delinquent group come from bad homes or unhappy environments and a grave risk is involved in sending them on licence to the environment which was so largely responsible for their delinquency before certification. ³

His solution was to envisage a way of filling the gap in community care provision existing between institution and family by setting up a 'hostel system', with hostels situated near a centre of continuous employment and

avoiding a patient becoming institutionalised or developing a fear of the world. ⁴

His particular concern was with the 're-socialisation' of delinquents and he advocated as an ideal method, the 'establishment of a number of small hostels' (Morris 1948: 357).

³ NRO c/c 10/373 M.D. Acts Committee Minutes 1 January 1947.

⁴ Ibid

Thomson (1998a) describes 'the divorce of most superintendents from developments in community care', but the evidence in Norfolk is that Dr. Morris, like Dr Turner at the RECI in Colchester, saw his role as extending outside the colony gates, maintaining official links outside the institution. Not only did he advocate the provision of hostels, he also set up Child Psychiatric Clinics and Adult Clinics in 1945, and Home Teaching and Day Occupation Centres, although rudimentary and sparse, were also established in the 1950s for the first time with his encouragement.⁵ Little Plumstead Hospital after 1948 was seen in one way as a community facility, to help families through the provision of dental out-patients clinics, and facilities for tonsillectomies. In 1950, he initiated a 'Temporary Care' scheme for 'diagnosis, short training, or to rest their parents' (Morris 1966: 8), a scheme in which he claimed that East Anglia led nationally. Though Thomson (1998a) found that in most cases responsibility for those out on licence rested with others, Dr. Morris maintained a continuity of care and control through a network of hospital visitors, nurses and hospital social workers, an approach again described by him as 'a little ahead of its time' (Morris 1966: 8).

The purchase of Blofield Hall and its transformation into a male hostel, can therefore be seen as part of Dr. Morris' wider view of the role of the hospital in the community and in community care. It also possibly related to his experience since 1948 of superintending the female hostel at Eaton Grange, and his consequent renewed advocacy of 'the hostel solution'. In one way, his policy can be seen as extending the power of the hospital and therefore the Medical Superintendent into the community (Thomson 1998a). I argue that the complex role of Blofield Hall did have a part to play in breaking down the barriers between hospital and community, and

⁵ NRO c/mh 1/36 MOH Report 1952, p.37.

that this role grew as the hostel developed and changed. Blofield Hall could be interpreted in Andy Steven's formulation, as representing a type of 'institution - oriented Community Care' (Stevens 1999: 234).

Another aspect of the timing of the opening of the Hostel relates to the expansion of the Hospital itself and the increase in numbers in the 1950s, up to 1,000 in 1952. When Blofield Hall came on the market, it was therefore also seen by some as a facility to ease the overcrowding in the Hospital. Ossie Simkin, in the Finance Department in the 1950s, said that Blofield Hall was bought because

in the region there was still felt to be a need for beds for the mentally defective patients, and this came on the market and they thought it was an ideal site.

Dr. Morris himself, however, retained a vision for the hostel as a 'working hostel' and aimed to ensure that the residents would not be the overflow from the main hospital but carefully selected to benefit from a half-way house (though this was not always possible).⁶

Despite the high numbers anticipated, the intention was to create in Blofield Hall a home for the residents which was distinct from the hospital. In the following section I discuss concepts of home and leisure activities in Blofield Hall between 1952 and 1980, and suggest that the daily activities and social life within the hostel, though relating in some ways to institutional practices, did create a different culture within the hostel, and one that aimed to enable the men to look towards 'the outside world'.

⁶ LPHR HMC Annual Report 1954, p.15.

Further changes in national policy resulted in new directions in the hostel after 1971 which gave added impetus to this trend.

A 'Home' or an 'Outpost'? Social Activities and Leisure: 1952-1980

Leisure and Sport 1952-1970

The first report from the Hospital Management Committee after its purchase of Blofield Hall made it clear that it was regarded as a 'hostel', but with close liaison between it and the hospital, its 'parent institution' ⁷ At the same time, it was to be independent from the hospital in several ways, with its own sports field, greenhouses, and poultry industry. The impression given by the records is that, though the Hall was so close to the Hospital, and staffed by hospital nurses, it was to have a separate regime and a different philosophy. Above all it was to give the men a chance to experience a closer approximation to an ordinary life. First figures show that 43 men lived there by January 1953, some working in the industries set up in the grounds, and some going out to daily work. ⁸ It was to be both a home for men going out to daily work, and a stepping-stone for those on their way out on long-term licence. At this time, therefore, its aims and status paralleled those of Eaton Grange in the 1950s, as well as several hostels in other parts of the country set up as annexes to large hospitals (Barron 1996). In 1954, it was described as

⁷ EARHB (No. 9 Group) Annual Report 1952, p.14 Private Collection.

⁸ LPHR HMC Annual Report 1953, p.1.

a busy and active Hostel Unit which is contributing much to the rehabilitation of our male patients.⁹

At the same time it was regretted that because of over-crowding in the hospital, some patients had had to be placed in the hostel 'whose intelligence does not give much hope of their eventual release to the community'.¹⁰ This statement, though identifying perceived problems, serves to confirm the original intention for the hostel. Of the 56 residents in 1954, 20 were going out to daily work, and some had already been discharged.¹¹

The Annual Reports continued to emphasise the Hall's difference from the hospital in atmosphere and function. In 1961, the Report highlighted the fact that 'patients... became accustomed to living more dependent lives and are encouraged to mix with the community by the extensive granting of parole, hereby facilitating their contacts with the community'.¹² The records show that well before the 1957 Commission and the 1959 Mental Health Act, hostel policy was to enable people to move to more independent living. It put in place outreach workers who would enable people to move out and who would continue contact with them once they had moved. I discuss this process further in Chapter 8.

The purpose of the hostel as 'half-way house' is one theme in the records. It was reported in 1955 that:

⁹ LPHR HMC Annual Report 1954, p.15.

¹⁰ Ibid.

¹¹ LPHR HMC Annual Report 1954, p.15.

¹² LPHR HMC Annual Report 1961, p.17.

this hostel has been most successful and forms a most useful intermediate stage between residence in the Main Hospital and release on licence. ¹³

Though for many, the hostel would have this transitory role, steps were taken, as in Eaton Grange, to create a home despite the large numbers. Efforts were made to replace the gloomy Victorian decor with more welcoming colours:

A phased programme of internal decorations was started during the year (1957), and bright, cheerful colours and pastel shades have made a considerable improvement. ¹⁴

Leisure and social activities and the role of 'home' were to be part of the re-socialisation. The 1966 Annual Report remarked on the 'homely atmosphere' of Blofield Hall. ¹⁵ A 'Head male nurse' administered Blofield Hall 'in close liaison with the colony'. ¹⁶ The designation changed in the late 1960s to Charge Nurse. There was no equivalent to the Matrons of Eaton Grange. This could be attributed both to the proximity to the hospital which resulted in frequent changes of staff; and also to the fact that there was no equivalent to the concept of matron in a male hierarchy. Nevertheless, the policy was to reduce any 'official' atmosphere, and encourage independence, so that the Chief Male Nurse,

far from being an official in charge of a hostel....has adopted the role of counsellor and advisor, with the result that the hostel is much more self-managing. ¹⁷

¹³ LPHR HMC Annual Report 1955, p.16.

¹⁴ LPHR HMC Annual Report 1957, p.19.

¹⁵ LPHR HMC Annual Report 1966, p.20.

¹⁶ EARHB (No. 9 Group) Annual Report 1952 Private Collection.

¹⁷ LPHR HMC Annual Report 1957, p.19.

As in Eaton Grange, the residents were described as being largely responsible for the running of the hostel, and this was confirmed by David Dale, a student nurse in Blofield Hall in the 1960s, who recalled that he felt he was in a position 'below' that of the residents who were 'in charge'. In discussions in the Memories Group, John Andrews and Douglas Lanham remembered the independence they had experienced in Blofield Hall.

The theme of 'hostel as home' offering a 'homely environment' was not a regular feature of discourses surrounding Blofield Hall, and I only found three such references, in sharp contrast with the ideology of Eaton Grange, where it was a consistent part of the hostel rhetoric. This may be the result of different gender attitudes. A 'homely' environment was more likely to be associated with the needs of women; it concerns domesticity, and therefore could also justify the opportunity for domestic work in Eaton Grange. In Blofield Hall, as I suggest in Chapter 8, there were different priorities in training and work. Nevertheless, the call for a home-like atmosphere in the records, though infrequent, indicates a wish to differentiate the hostel from the hospital in both regime and policy, and to promote a more ordinary and less institutional life style (Morris 1948). A later press release in 1970 reiterated the role of the hostel as filling a gap in provision, and highlighted the distinction between hostel and hospital:

One of the advances in the hospital service [i.e. Blofield Hall] has been to create opportunities for [the men] to fulfil themselves within their limitations, instead of, as in the past, being shut away under stern discipline or left as social outcasts in the everyday world.

(Eastern Daily Press 6 August 1970)

One of the ways in which the men were encouraged to 'fulfil themselves' was through sport. Much of the social life in the hostel, and in particular the sporting activities, was organised in the 1950s and early 1960s by the Chaplain with special responsibility for Blofield Hall. The significant role of the Chaplain was revealed in his own detailed records. Church and chapel halls in wider society up to 1914 had been centres for leisure. There were often regular programmes of sporting and other leisure activities including regular film shows offered by some churches into the 1930s (Wild 1987), though this tradition began to decline in the 1940s with the growth of cinema and dance halls. Nevertheless, it was this tradition that the Chaplain built on when he took on the duty of hostel chaplain to Blofield Hall in 1952. The Chaplain's Record Book shows that he arranged frequent and regular social and sporting evenings in the hostel with visiting local village darts, billiard, snooker, table tennis and cricket teams:

Wehad two billiard matches at Blofield Hall with a village visiting team which were very much enjoyed by both sides and have given me the opportunity of entering into the social side of the patients and getting into personal touch. ¹⁸

There were also many evening cricket matches in the summer:

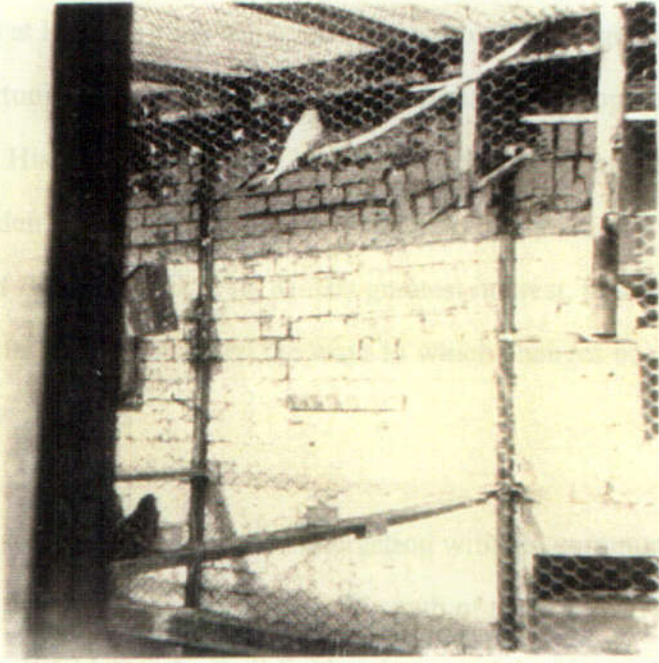
Attended cricket match in the evening by visiting village team against patients at Blofield Hall. ¹⁹

Sport was very important to Victor Hall, one of the life historians who had moved into Blofield Hall from the Hospital in 1957. He found it hard to see

¹⁸ LPHR Chaplain's Report Book, March 29 1952.

¹⁹ LPHR Chaplain's Report Book 24 May 1963.

Figure 8



a.



b.

a.b. Victor Hall's Aviary, Blofield Hall, c.1969.

his new home as 'homely' because of 'all the boys around' and he emphasised the lack of privacy. Nevertheless, the limitations of hospital life were now at least partially removed and he took advantage of the various opportunities offered to the hostel residents to develop new hobbies and pastimes. His life changed once he moved to Blofield Hall. He had a vegetable garden, and he and his brother kept budgerigars in an aviary in the grounds of Blofield Hall. (Fig. 8) His greatest interest, however, was sport, and his testimony indicated the ways in which changes occurred in the hostel through sport.

Sport offered some opportunities for interaction with the community, and for temporary crossings of borders. A field south of the Hall had been transformed in 1952 into a football field and some of the Norwich City Football team used to come to the hostel to give football training. Victor remembers that the Captain of Norwich Football Club visited to give training sessions. Although he did not play football, Victor used to go into Norwich regularly to watch Norwich City's matches:

We could go into Norwich once a fortnight. Sometimes I went on the bus, sometimes on the train.

In the days before he went out to work from Blofield Hall, sport was the way in which he was able to 'mingle' with people other than hostel residents, and it also afforded him the opportunity to go into Norwich unsupervised and 'look around the shops' as well as go to the matches. These were the highlights of Victor's life at the hostel. They represented not only the chance to see and support his favourite team, but also to taste freedom and independence.

Victor did play other sports, and these also allowed him to mix with players and teams from outside the hostel during competitions. He took part in all the games organised by the Hostel Chaplain, and was on the snooker and darts teams, as well as the outdoor bowls team. Many of his photographs are of sporting events:

...that's me playing bowls. There's a bowls match on holiday at Yarmouth. I played bowls up to 1972 and then I came back to play bowls after I left. (Fig. 9)

Tennis and netball were popular sports at Eaton Grange, but I was not able to discover any evidence of matches with outside teams. Sports at Blofield Hall had a different and more socialising function. This could well have been because of the culture of sport among the male staff (Mitchell 1997). According to David Dale, the most important question at his job interview concerned his sporting skills. Sport was also seen as a way to counteract the geographical isolation of the hostel. The Chaplain had initiated the idea of social mixing in 1952 when he brought village teams to play in Blofield Hall. But they came *into* the hostel and no return games were ever played in the surrounding villages in his time (1952-1967).²⁰ Indicative of moves towards a more normalising policy in the late 1960s and early 1970s, however, were the reciprocal football matches with the University of East Anglia which Victor described as taking place at the University Football ground as well as Blofield Hall.

Holidays and days out were another aspect of leisure activities in the hostel. From the 1950s onwards, annual camping holidays were arranged by the staff. These provided some opportunities for the men to mix in the

²⁰ LPHR Chaplain's Record Book.

Figure 9



a.



b.

a. b. Victor and Basil Hall, c.1969.

community, and were an effort to break down barriers. Victor spoke of the many camping holidays at Great Yarmouth and nearby seaside resorts. His memories of day trips and beach holidays reflect a growing national trend in holiday provision and particularly coach trips since the 1920s. By the later 1930s coach operators nationally reported record traffic, and post-war, the trend towards an increase in cheap and available day trips or holidays for the majority of the population showed a definite increase, and this is reflected in the regular holidays for the men in Blofield Hall (Wild 1987).

Victor described these holidays as another highlight of his time at the hostel. Many of his photographs bear witness both to the large numbers who went on holiday together, usually camping in tents or caravans, always supervised by staff, and conforming to what Jones described as the typical ‘hospital holiday’ (Jones 1975: 149). (Fig. 10) Some of his other photographs, however, also show Victor, his brother and some friends sauntering through the streets of Yarmouth, unsupervised and freely mixing, enjoying the freedom to cross this border into ordinary life. (Figs. 11a & b) Not all aspects of these holidays were carefree, and Victor had some reservations about them as Jacky had done about the compulsory holidays in large numbers from Eaton Grange (see Chapter 5). For Victor and several of the men, these were also working holidays:

We went to Yarmouth to the camp - four weeks. A fortnight we had to look after the children...and a fortnight without the children. We had to tidy up the children and take them for walks. (see Fig.11c)

Some of these holidays are illustrated in Victor’s photographs showing large groups of children at camp sites or on the beach. (Fig. 11c) Activities

Figure 10



Camping holidays,
Norfolk, 1960s.



Figure 11



a.



b.



c.

- a. Victor and Basil Hall, Great Yarmouth, 1960s.
- b. Victor Hall, Great Yarmouth, 1969.
- c. Children from Little Plumstead Hospital on holiday, Norfolk, 1960s.

during a holiday at Caister in 1965 as described in the reports record the large numbers, ²¹ the 'organized games', and the joint holidays with the children:

The morning of Saturday 26th June was bright and sunny when we departed from camp by coach for a day at Sea Palling, the first of ten coach trips....we visited Yarmouth and the younger boys were getting used to the sea...we had our usual organised games and rides on the scenic railway and many free rides on Yarmouth Pleasure Beach. ²²

The style of these holidays began to change in the 1970s reflecting a national trend towards holidays abroad. Even more significantly, the men began to have a choice as to where they would like to go, a Residents' Committee discussing and voting upon holidays each year. These were still, however, holidays 'en masse' in large groups, with little privacy or chance of real social mixing, and with continuing surveillance. Derek Osborne, the Charge Nurse at Blofield Hall appointed in 1969, remembered that some of the residents went to Holland to see the tulip fields, and John Andrews can remember a trip to Belgium. The tradition of regular day trips to local resorts continued as well. According to Derek:

They had the Residents' Committee, and they used to say where they wanted to go - Skegness, Southend. They kept going to Southend- that was their choice..Peterborough. These were day trips in a coach - and we'd stop at the Pub on the way back for darts and drinks...

²¹ LPHR HMC Annual Report 1966, p.37.

²² LPHR HMC Annual Report 1 January 1966, p.37: On 25th June 1965, 42 individuals, including 19 'small boys', went on the Annual Boys' Camp at Caister.

These holidays and days out were remembered with great enthusiasm by John and Douglas in the Memories Group. John said:

I had three holidays at Blofield Hall. One was at Caister [on the Norfolk coast] where I dressed up and won a singing certificate; another was in a caravan in Dorset where we saw Lulu ! We loved Belgium.

The changes which aimed to give the men more choice and control over their outside leisure activities, were echoed in other developments in the hostel aimed at using leisure time in the hostel itself as training for transition to a more independent life. I discuss these changes in the next section.

'Social Beings': Continuity and Changes in Daily Life: 1970-1983

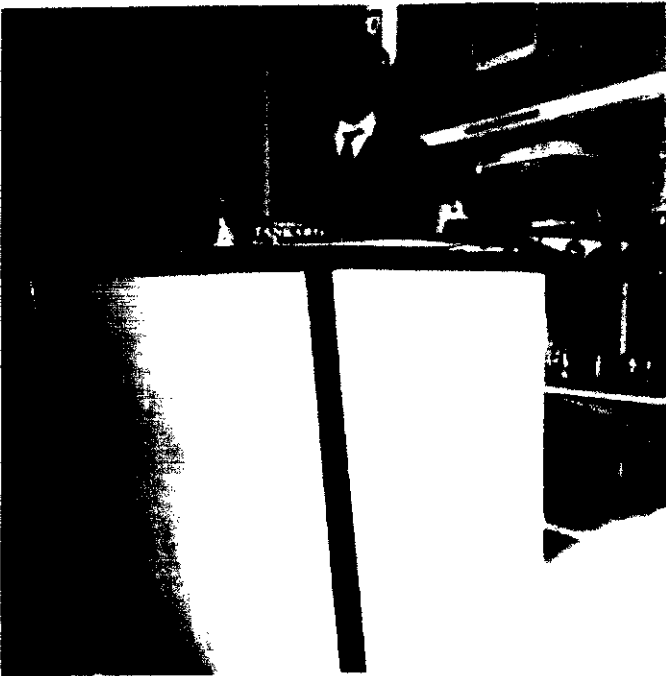
The beginnings of a change in attitude can be detected in the growing debate over the lack of social opportunities for the men. Attempts were made to transform a workaday hostel into a more normal environment, with more opportunities for social mixing, and these changes were presented as pioneering and radical by the staff and by the press. It was at this time that comfortable sofas were provided in the living room, and the men purchased their own television sets and radios for their bedrooms - though they still shared with three or four others. (Fig. 12a)

A newspaper article described developments in Blofield Hall as a 'new approach to the training of the mentally subnormal' and 'a chance to see Norfolk pioneering at work' (*Eastern Evening News* 6 August 1970). One

Figure 12



a.



b.

- a. Victor and Basil Hall, Blofield Hall, 1969.
- b. Victor Hall, 'The Rovers' Return', Blofield Hall, 1971.

of these new approaches was an attempt to promote a better and more adult social life within the Hostel. Its isolated rural position meant that it was not easy to organize trips into Norwich in the evenings, as the article explained: 'Really you need urban-situated hostels where they can mix in ordinary life, under light supervision' (ibid). One solution to the problem was the formation of the Residents' Committee (see above). Another was the setting up of a joint staff and residents Social Club 'thought to be the first in the country' (ibid). The article continued:

Above all, they are just as much social beings as anyone else, with the same needs for company and the feeling of being wanted. The social club forms part of the pattern of getting them to mix with other people. Outings have been arranged to Yarmouth and places of interest in Norwich (ibid).

In 1970 a Bar was built in the Hall by the residents as part of the Social Club and run by the Residents' Committee. This event remains in the memories of both residents and staff as an important symbol of change. Dr. O'Callaghan, the Consultant Psychiatrist responsible for Blofield Hall described the purpose of the Bar:

It was a first...the first licensed bar in any NHS Hostel in the country.....it was opened by one of the Canary Footballers, and it was managed by the patients themselves very successfully. And the purpose basically of it was, apart from being entertainment and a club for them, was also to get them used to being able to manage their drink.....

According to Derek Osborne:

All the residents got involved...it gradually took off. We had deliveries from a brewery - then we had gas, you know, the proper pumps - so it was 'the real McCoy'. The residents did it voluntarily, but they took the money - it was a training - they had the cash box, and they'd be behind the bar...There was the social idea.

Victor and his brother were particularly involved in running the Bar. As both were very shortly to leave the hostel to go into hotel work, Basil in 1971 and Victor in 1972, it was obviously looked upon as 're-socialising' for them both, as well as training in the handling of money. Victor enjoyed the status of this job and the informality and sense of normality the Bar added to the atmosphere of the hostel. He remembered parties, discos, and dances with the university students, and 'a sing-song round the piano'. The Bar was significant for the residents, as was made apparent by the lively discussions that took place in the Memories Group concerning its opening. John remembered 'a big do at Blofield Hall' when the Captain of Norwich City Football Club came to open the Bar, an event captured in one of Victor's photographs. Another, taken by his brother, shows Victor himself behind the bar. (Fig. 12b)

The Bar was called The Rovers' Return because 'after returning from work in the city they are like boys coming back to the den after the excitements of the day' (*Eastern Evening News*, 6 August 1970). Even in the process of creating a more ordinary social ambience in the Hostel, however, the language in this Press Release suggested that infantilist attitudes and language had still not changed fundamentally. The Bar could not at first create true social mingling, as during the week the only people to use it

were the men and staff of the Hall . Evidence of a more relaxed approach to relationships and sexuality in the 1970s, however, is seen in the fact that at weekends and particularly in the summer, girlfriends were invited, and there were dances, discos and Bingo. Its main function remained, however, as a training mechanism, a preparation for community life, rather than true community integration (Fitzpatrick 1956).

Nevertheless, the addition of the Bar was a response to a concern to promote a more humane and ordinary life for those living in a remote country hostel. The local debate surrounding these issues, taking place publicly in the local press, was in part a response to the national debates opened up by the publication in 1969 of Pauline Morris' 'Put Away'. The 1969 Annual Report commented on aspects of the national debates:

The publication of the Home Office Report on Ely Hospital has demonstrated the need for improvement in the mental subnormality service.²³

Pauline Morris (1969) found that government directives and national debates were not easily communicated to staff, but Derek Osborne remembered the arrival of Reports to which the staff reacted:

The Crossman reports and many others ...that was the impetus ...we had so many reports.

Preparation for further independence for the men therefore began to take different forms with a realisation of the importance of social skills training

²³ LPHR HMC Annual Report 1969, p.11.

as well as training for employment. Leisure activities elided with social training.

The Social Club and Bar signified an attempt by the Hostel to improve conditions and point to a realisation that the status quo as it existed within the hostel in the 1950s and 1960s could not continue. They could also be seen as an attempt to differentiate very markedly once more between hospital and hostel. Blofield Hall was to fulfil the role of discrete hostel that had been frequently called for by social policy researchers as well as medical writers, providing a home environment and facilities for leisure, training and work that were impossible in a hospital ward or villa (Rohan 1954; Morris 1948; O'Connor and Tizard 1956; Morris 1969).

In the late 1960s and early 1970s, therefore, with sporting fixtures beginning to take place outside the hostel, the setting up of the social club, more choice in holidays, and trips abroad, policies began to change, spurred by national changes in attitude, and there were new intentions to enable the men to mix socially and to 'normalize' their lives. Things changed only slowly, though, and it is doubtful whether in fact much social mixing was possible immediately, given the large groups that still maintained on outings. As Victor wrote later, remembering his time in the hostel, 'If we went to the pictures, we went with loads of others. All the boys went on a coach to a holiday camp' (Hall CMH, 1987: 4).

In the next Section, I discuss the tension between the contradictory aims of hostel policy throughout its history: its attempts to offer a more homely atmosphere contrasting with its role as 'half-way house', and also the continuing purpose of the hostel as a centre of control. I explore these

themes of care and control from the point of view primarily of the men who lived there.

A 'Hotel' or a 'Barracks'? Care and Control 1952-1980

As in Eaton Grange, tensions between care and control in a hostel setting remained unresolved. When writing about the ideal hostel, Guy Aldis, the architect for No. 9 Group, had summed up the dilemma of care and control:

The [hostel] building must not give the impression of barracks, but the atmosphere of an Hotel is to be achieved.

(Aldis 1961: 61)

The tensions suggested here - between discipline and freedom - were experienced in different ways by members of the Memories Group.

As it was a segregated provision similar to Eaton Grange, policies in Blofield Hall in the first ten years of its existence aimed to prevent relationships between the sexes. There was surveillance in the hostel and at work, and monitoring when men went out on licence. There were strict rules about times to be back in the hostel and early lock-up times. It also had a further purpose which was to monitor the behaviour of young men regarded as delinquents, who had often come into the hospital and progressed to Blofield Hall via the courts. This control of 'delinquent' young men paralleled the focus upon 'promiscuous' women in Eaton Grange (Thomson 1998a).

The Hostel Chaplain's role was a central one not only in the organisation of leisure activities as noted above, but also in both the care and control of the men in Blofield Hall from 1952 to his retirement in 1967.²⁴ He visited the hostel frequently - between 5 and ten times each month - seeing the men at

²⁴ LPHR Chaplain's Record Book.

work in the various workshops and conducting confirmation classes. The Chaplain also had a role outside the hostel in the monitoring of men who went out on licence. He interviewed men about to go out on licence and he visited them while on licence. He also interviewed individuals who had returned to Blofield Hall via the courts.²⁵ He thus was part of the hospital network of visitors and monitors set up by Dr. Morris to visit those men who left hospital for community provision, extending the role of the hostel in community care.

Discussions by the Memories Group revealed differing views on care and control in the hostel, the multiplicity of views corresponding to the individual circumstances of the men. George, who, like Victor, was an early resident, compared it favourably with his time in the hospital, saying

That was alright. I felt that was nice. I didn't want to leave.

Sidney Crown felt safe there and was reluctant to leave, and for Ronny Hendry, who, like Victor, had been in the hospital since he was a child, it represented a life style he regarded as ordinary: out to work all day and home in the evening for a drink and a game of snooker. They all contrasted it with their time in the hospital.

Nevertheless, Blofield Hall was still a place of control as well as care in the 1950s and 1960s. Sanctions were carried out which were in accordance with the infantilist attitude of the time. Infantilist language existed there as it did in Eaton Grange. The attitudes of the time are heard in Victor's own words when he still describes his fellow-residents in Blofield Hall,

²⁵ LPHR Chaplain's Report Book 5 July 1963 .

including his brother, as 'the boys'. A press release also used infantile language, describing the hostel as being 'more like a special kind of live-in school ... the boys...not an indication of physical age but a good way of summing up their response to life...' (*Eastern Daily Press* 6 August 1970). A Guide to the Mental Deficiency Act had set the bench-mark in 1913 when it stated that 'Mentally deficient persons are never likely to attain a normal stage of intelligence or reach a minimum standard of citizenship. They're in reality infants and should be regarded as such' (Wormald and Wormald 1913: 22). As in Eaton Grange, the 'homely atmosphere' therefore was double-edged, and could allow for the treatment of residents as 'perpetual children' (Potts & Fido 1991).

The main punishment in Blofield Hall was loss of parole, which referred to loss of freedom to walk short distances around the hostel (Morris 1969); there was also loss of leave to go into Norwich. The 1966 Report of one of the Hospital Social Workers listed the reasons why four of the residents had had their leave revoked:

...one because he could not maintain the standard required at work and he became more and more irresponsible; another because he absconded while at work...; a third because although capable of work he did not go regularly ... 26

As I noted in the previous section, Victor often added a different viewpoint in the Memories Group discussions, one that reflected his experience of an earlier time there in the late 1950s and early 1960s. He gave various examples of the ways in which he felt his life had been hampered by the regulations in the hostel:

²⁶ LPHR HMC Annual Report 1966, p.36.

We used to go into Norwich - we had to write our names down...I went out with one of the boys..we had to be back before 8.o.c....If we were late, we couldn't go into Norwich again....They used to lock the doors up night times.We couldn't go to bed when we liked.

In a short article written after he left Blofield Hall, Victor wrote:

Its not good living with a lot of people. We had to queue for the bathroom...when we were naughty we were sent to bed early, or your money or your parole was stopped. You were naughty if you ...broke a cup or stayed out late.

(Hall CMH Newsletter 1986: 4)

Infantilisation had enabled control of the residents to prevail, a situation reflected by Victor when he said that, after his discharge, by comparison 'People treated me like a man....No one tells you what time to come in, no one tells you 'Do this! Do that !' ' (Hall CMH 1986: 4). Victor's evidence illustrates the paternalistic attitudes to rehabilitation. Although there was much more freedom in the hostel than in the hospital, the aim of establishing a near-normal atmosphere in the hostel was eroded by deeply embedded attitudes which were still reluctant to acknowledge adult status.

The archives described

the atmosphere of freedom and release [in Blofield Hall] from the necessary discipline and control of the main hospital ²⁷

²⁷ LPHR HMC Annual Report 1955, p.16.

and according to Helen Foster, a hospital social worker:

*that was, you know, 'very good' if you'd moved up to
Blofield...that was freedom more or less.*

Nevertheless, Victor's feelings about his experiences belie these statements. The freedom described in the records was still, in Victor's time in the 1950s and 1960s, hedged about by rules which infantilised and controlled the residents. A 'home-like atmosphere' was an objective, but as in Eaton Grange, it had to co-exist with social policy directives regarding segregation and control. Blofield Hall was described in colonial language as an 'outpost' of the hospital, and some of the institutional rules still applied. Although it was perceived when it opened as a bold new venture, a more liberal regime, a hostel with just slender links maintained with the hospital, Victor's evidence as one of the first residents showed that until the repeal of the Mental Deficiency Acts in 1959, a policy of control and surveillance remained in place.

Those members of the Group who moved to Blofield Hall later than Victor and became his contemporaries in the late 1960s and early 1970s, had a different perspective. This possibly relates to changes in the regime noted already (see previous section), as well as individual circumstances. According to Phyllis Ranie, a hospital social worker,

*In the main it was not hospital-like , it was more hostel-like...
There was a good relationship between the staff and the
patients. I think they more or less did what they liked.*

Changes in daily living initiated by Derek Osborne after 1969, were intended to relax rules and encourage adult status. For example, he was eventually able to abolish the curfew, remembered by Victor, so that the men who had been out in Norwich for the day could return later at night without penalty.

Douglas remembered the caring and relaxed atmosphere in Blofield Hall in the early 1970s, rather than any restrictions. He agreed with Helen Foster's description of 'freedom , more or less'. Douglas' mother chose Blofield Hall as a home for her son, to give him companionship and care. He had lived with his family until going into Blofield Hall 'on a Thursday, 13th August 1970'. His mother worked as a nurse and had to be away from home for long hours, and she felt concerned about leaving Douglas alone for so long. Douglas felt it was a good idea to go to Blofield Hall, and he settled in, especially as his mother visited frequently. Douglas, in Blofield Hall from 1970 - 1974, came to regard it as his home:

Douglas. It was really a good thing I went to Blofield. My Mum thought that was a good idea...because if I didn't go to Blofield you know I would have been back...nothing to do...I lived in the country then and there wasn't much to do there.. so it was really a good thing I went to Blofield..it was all a bit strange at first, but once I got to 1971 or 1972 , I settled inI sort of got used to the staff.

Sheena. And what did you think about Blofield Hall once you'd settled in ? Did you think it was the sort of place you'd like to live in ...or ..?

Douglas. *I started to settle in. It was quite nice to live in Blofield Hall really, with all the boys... It wasn't a strict place... and I thought I was going to be there for a long time.*

When he and John reminisced in the Memories Group, they called their time there 'the good old days'. According to Douglas

That was more like a hostel because though it came under Plumstead it was a bit different ... we had much more freedom and a better life.

Douglas' most striking comment in describing Blofield Hall was:

It wasn't a strict place...we were able to come and go as we pleased. Blofield was sort of fair...they weren't strict really.

He compared it favourably with Eaton Grange where he went later, and where he found the rules more irksome (see Chapter 8). Douglas' views are interesting in that he came into Blofield Hall from his own home and might, like Marion (Chapter 6), have been expected to rebel more than the other men against the restrictions he encountered. It seems that these were outweighed for him, however, by the bonus of the comradeship of the other men and the relative freedom of movement in the 1970s.

The close proximity of hospital and hostel meant daily contact between the two. This contact sometimes provided reminders of the stricter regime in the hospital which the men resented. During a discussion in the Memories Group of some of the Annual Reports relating to Blofield Hall, John and

Victor remembered the 'official' atmosphere that could suddenly return to interrupt the more relaxed regime:

John. *Mr. S. wasn't strict, was he ? He wasn't. But Mr.*

B. was!

Victor. *He was in the office. He used to come round.*

John. *Yer, he was strict !*

Sheena. *In what way, John?*

John. *Well when he came in he was like a blinking sergeant major !*

John had various methods of dealing with the contradictory dyad of care and control, home and outpost of the hospital. Members of the Memories Group disclosed that they developed their own way of making a stand when they needed to against the control still imposed on them by staff even after changes in the 1970s. They had nicknames for all the members of staff, and developed mimicry as a method of dealing with any authoritarian behaviour by staff. John more than once found himself in trouble for his mimicry. Post-colonial writers have noted the importance of mimicry as performing a vital function as a method of survival by marginalised people (Bhaba 1994; Said 1978; Lowenhaupt-Sing 1993; Ryan 1996). John demonstrated to the Memories Group how he had dealt with the nurse they all called 'the Sergeant-Major':

...what happened, the doorbell would ring, and I would say to the staff 'here comes the big chief, better let him in', and one of the staff said 'Now, when Mr. P. comes in, you all got to stand to attention'...so he walked in the door, everyone stand

up, and they said 'John, Stand up!' 'Yessir!' I said [and saluted].... !!!

John's memories of Blofield Hall are on the whole positive ones. He had come from a Children's Home via the hospital and found he was able to benefit from gradually changing attitudes in the hostel:

I liked it at Blofield Hall...I did a lot there.....well, you could go out and do what you wanted...more freedom... ..When I got there, I thought it was a hotel!.

John's first impressions of hostel life are revealing: they emphasize the 'hotel' (rather than the 'barracks') atmosphere of Guy Aldis' recommendations (1961). They also, however, reveal much about the contrast between the intentions for a female, domestic and homely environment in Eaton Grange, and a 'hotel' environment in Blofield Hall. I explore this aspect further in Chapter 8.

Conclusion

Different voices have emphasised different aspects of daily life in Blofield Hall. Some life historians described the freedom the regime offered in the late 1960s and early 1970s by comparison with the hospital, and they enjoyed the visits into the city and new community contacts; others, describing an earlier period, found it still oppressive and limiting. According to the records, policies in the hostel between 1952 and 1970 aimed at reducing as far as possible the institutional overtones, and creating both a home and a half-way house. I return to the theme of the half-way house in Chapter 8. As regards the concept of home, the life historians

found it was less a home, and more a 'hotel', enabling some freedom of movement, though community mixing was limited by the rural site. The familial model of Eaton Grange was perhaps considered inappropriate for a male hostel.

Policy changes affected the hostel most obviously in the 1970s when its rehabilitative role began to assume a new urgency. There were, however, continuities with the past in that, after the 1971 White Paper, the hostel continued to provide time-limited programmes for independence alongside 'an alternative long-term home-life' for some of the residents (Atkinson 1988: 134) in accordance with the thinking of the time (Lovejoy 1972; Tudor-Davies 1975). This dual role, which had been set out as policy since 1951, was retained, and corresponded to the White Paper's definition of a hostel as a 'permanent home' (Donges 1982: 106). In calling for further hospital hostels as well as local authority hostels to be opened, Norfolk Area Health Authority's own response to new national policies confirmed the continuing local role of Blofield Hall.²⁸ Changes occurred in the lifestyle of the residents during the 1970s which were an attempt to respond to normalisation ideas (Wolfensberger 1972), as well as the growing public concern about the ethos of the hospitals and their ancillary or hostel units (Morris 1969). Comments made by members of the Memories Group were sometimes critical of the claims made for change in the hostel. At other times they revealed that they enjoyed a surprising freedom despite social policies of control and surveillance. Their stories added another dimension to the history.

²⁸ *Report of the Norfolk Area Health Authority combined with Suffolk and Cambridgeshire County Councils* November 1979, p.67 (Private collection)

The culture of the hostel was determined also by its function as a base for rehabilitative training and work. In the next chapter the focus is on the meaning of work in a men's hostel.

Chapter 8 Blofield Hall (A Case Study) Part 2

The 'Half-way House'

Introduction

Many of the definitions of Blofield Hall in the written records are to do with its status as a working hostel. Oral history and Memories Group evidence confirm the fact that this was a hostel to which many of the men were sent for training and employment in preparation for more independent living. Contemporary professional recommendations promoted the view that '...resocialisation can better be achieved outside the walls of the hospital than in the rarefied atmosphere of the institution'. (Fitzpatrick 1956: 836). In this chapter, I explore different aspects of work and training, and examine how work in the hostel and outside it developed in the thirty years of its existence, analysing in more depth than is usual in the literature the terms 'halfway house' and 'stepping stone to the community'. There were also gender issues concerning a men-only environment, and I analyse these in relation to training and employment.

I discuss how far work and training 'outside the walls' of the hospital, represented a commitment to community care. I argue that in the processes set up in the hostel at border crossings to monitor and support those out on work placements, close links were built and retained with the community. Through its emphasis on work, Blofield Hall spanned the border between institution and community, and aimed to represent a type of care that came closer to community care than institutional care. Like Eaton Grange, it emulated the role of a residential home with residents going out to daily work or being prepared for long-term work placements. Ideas on segregation began to change, as mixing with the community was

encouraged. As in Eaton Grange, there were also other more hidden aspects of policies to do with work, and I discuss these in relation to a male culture, exploring how gender issues related to progression routes and ideas of atonement and redemption.

The men who had lived in Blofield Hall reflected at some length in the Memories Group on their working lives, suggesting that in so doing they were making claims to a normal life through their identity as workers (Walmsley 1994). Discussions in the Memories Group, however, revealed that some types of work were more highly valued than others, and that several members differentiated between jobs that gave them adult status and an ordinary identity, and those that did not. Although all the life historians in the research recognized the centrality of work in their lives, the men were more likely to define each different place they lived in by the work they did while there. John, for example, told his story through his jobs :

I stayed at Little Plumstead and I worked in the laundry, and then I was on the meat wagon...And also I was on painting and decorating....And at Blofield Hall I was working in the carpenter's shop. Woodwork. And I didn't enjoy that much, so at the same place, I was doing mending shoes!....And a long while ago I was at Hellesdon Hospital.....I done a lot of farming work at Hellesdon - potato picking.

In this chapter, such memories were added to by the recollections of some of the employers, and by members of staff who had played a major role in organising employment for the men.

The chapter has 3 sections:

Types of Training and Work 1952-1980

Work as a Progression Route

Work as Atonement

Types of Training and Work 1952-1980

Domestic Training

Domestic training and employment outside hospitals were regarded in contemporary literature as suitable for women only (Gunzburg 1958), although it was acceptable as training for men inside institutions. Until the early 1970s, there were no domestic staff in Blofield Hall, and, as in Eaton Grange, the men were expected to do all the cleaning in the Hall. A progression route was set up for them: those who had full-time jobs did not have to participate in the domestic chores to the same extent as those who remained on site. The former were regarded, however, as having progressed along this training route because they had usually had to do such duties in the hospital before arriving at Blofield Hall. According to Derek Osborne, the Charge Nurse in Blofield Hall from 1969:

They'd been going through the system, hadn't they? They'd been through it.. ...when they went on the Secure Wards they

used to scrub, and gradually they'd go to the kitchen and the dining room.....and then Blofield Hall.....it was like a programme really.....

The domestic training this work constituted was limited. There was no expectation that the men would cook meals as the food was delivered from the hospital, though they were expected to do the washing up. Derek Osborne said:

What were called 'the dixies' all came down - all the custard and gravy came in large dixies, large flasks with a clip-on lid to keep it hot. So they had a very basic training really and those who went out to work in hotels..... they were like ducks to water...I mean they really were, because they'd had so much experience of such work.

George can remember doing domestic work in the hostel itself, saying that 'We helped in there...wash up', and his first jobs when he went out to work were indeed in the large kitchens of Norwich hotels. As I discuss later, despite the intentions stated in the Annual Reports, there began to be a very fine line, however, between the idea of training and the use of cheap labour to run the hostel.

An innovation in the domestic training programme was the Training Flat set up in 1970. Like the Bar (see Chapter 7), it was a symbol of changing attitudes. It was called 'The Outward Bound Flat', and Derek Osborne said 'and that was the idea.....it was to be used by the ones who were on the edge of going out'. The idea behind it was that those who were earning a full-time wage, would live in it, budget, plan meals, buy groceries, do their own

washing. The aim was 'to see how they could survive in a far less supervised situation'. This was an ambitious idea which fell short of intentions. According to Derek Osborne, although it was 'a bold venture and we were behind it', and although it worked to a degree, shortage of staff meant that it never provided the thorough training the programme intended. In contrast with Eaton Grange where the Training Flat was well used, none of the life historians had any particular memories of being trained in the flat. Consequently, there were greater difficulties for the men as they moved to more independent lives (see section on Border Crossings).

Symbolically, however, the Training Flat was important in the eyes of the staff, and as a marker of change in the 1970s. Trevor Neil, the Administrator of Little Plumstead Hospital, described the role of Blofield Hall from 1970 to 1983:

The idea was to transfer the individual from the large hospital, health provision, to a domesticated style of living, away from the hospital, into a kind of community care.

The intention was that there should be a similar progression route to that established in Eaton Grange:

They knew, when they got to the Training flat, they were on their way.

Training in Garden Work and Trades

Training in trades and market gardening was written into policy for Blofield Hall from the early stages of planning. ¹ In the grounds of the Hall new workshops were opened, and horticulture and rural industries were also set up. Annual Reports spoke of the poultry industries in the grounds of Blofield Hall as offering 'a most successful form of training for patients living in a rural community'. ²

The potential of the new hostel in providing training in trades was described by Ossie Simkin:

...there was quite a bit of gardens and there was a stable area which they made into a workshop, there was a garden workshop, a shoe repairer, carpenter's workshop training, and these places had tradesmen and they each had perhaps two or three or four patients helping , for example, the carpenter making things. And there was a tailor. And also the gardener. And it was occupations for them. And it was also from here that they went out to local farmers.

This description highlights various different roles for the workshops: they were to provide training for outside employment, but also a type of occupational therapy. In these workshops, men from the hostel were trained, not by nurses but by craftsmen specially employed for the task. Together, they made goods for sale within the Hospital Group and more widely. They gained sub-contracts for providing equipment to other hospitals. Visitors commented that 'all were extremely happy in the

¹ CRO R83/42 EARHB Minutes October 1950 - February 1951.

² LPHR HMC Annual Report 1954, p.15.

Bootmaker's Shop'. The gardens also were said to provide 'useful training in horticulture'.³

Comments in the Annual Reports concerning the Workshops justify them in terms both of the useful and excellent articles produced, and in terms of their training role.⁴ This joint role for such workshops was not without its critics as far back as the early 1940s when Dr. C.J. Earl remarked 'I am getting very suspicious of workshops' (quoted in Gunzburg 1958: 340). His suspicions were based on the fear that the training role was in fact subservient to the needs of the institution. It was important therefore, that Annual Reports reiterated the relevance of the workshops and industries set up at Blofield Hall for the future work prospects of the men. For example, the apprenticing of one of the residents to a local firm of boat builders after his training in the woodwork shop was described as the highlight of the year in 1964. Increasingly, however, the workshops served the hospitals in No. 9 Group. In 1968, The woodwork shop produced tables, cupboards and ward fittings as well as furniture for the new Roman Catholic Chapel; the bootmakers shop 'supplied the needs of the Group'; and the tailor's shop 'is mainly occupied with repairs and alterations to garments'.⁵ Mathew Thomson (1998a) suggests that tailoring, originally taught to increase skills, had become one of the cost-cutting mechanisms of the colonies in the inter-war period.

Employment in the workshops was less easy than the gardening and farming work to justify as training. When, during Memories Group discussions, Victor and Douglas described their time in the workshops in the late 1960s and early 1970s, it was clear that their work there did not

³ LPHR HMC Annual Report, 1957, p.19.

⁴ LPHR HMC Annual Report, 1957, p.18.

⁵ LPHR HMC Annual Report 1968, p.20/21.

relate realistically to future job prospects, but was part of an older culture relating more to a 1930s approach to the employment of men with a 'mental deficiency'. The Bootmakers and Tailor's Shops, were regarded as 'continuing to give very satisfactory service and training' ⁶ the latter being described by Victor:

We sewed buttons on...mending..that sort of thing. We were working on machines..hard job threading the needle.....trousers, coats, mending...I stitched a pair of trousers up.. A long while ago...they were what you call pedallingpedalling ones.

An entry in the Visitors' Book in 1966 records:

I was conducted round the premises...shoe-repairing, Tailor's Dept. etc. all doing a splendid job of work. I was greatly impressed by the high standard of cleanliness and hygiene and the very happy and friendly attitude of the residents. ⁷

Victor's story revealed, however, that he was less than happy at having no choice over his jobs, and that he found them difficult. He did not seem to take pride in the memory of this work, and nor did John, who, however, was offered the chance to change jobs:

I wasn't very keen on woodwork, that's all there was to it.. so they transferred me to Plumstead to work on the wards.

⁶ LPHR HMC Annual Report 1957, p.18.

⁷ LPHR Visitors Book, 1966.

Neither Victor nor John were ever offered jobs later on in the trades they had learned in the workshops, though the argument was that they nevertheless had learned skills in the *habit* of work. As early as 1961, it was admitted that the workshop training did not necessarily lead to employment outside in those specific trades. The Annual Report stated that

Although patients who have been trained in these workshops are not normally able to take up full-time carpentry, or other work, they have, as well as habits of regular work, acquired a craft which is useful to them when they are discharged to the community.⁸

The staff were, therefore, aware of discrepancies between 'training' on site, and the type of work possible outside. In one instance this caused one of the trades to be discontinued altogether. In 1961 it was announced that the poultry industry was discontinued, and the reason given was that

it was neither economical nor of real value in training in relation to modern commercial methods in use in the community.⁹

All the men in the Memories Group agreed, however, that they enjoyed the garden work available on site. The first Blofield Hall Report in 1952 stated that 'the gardens have been given careful attention...the Greenhouse has provided much useful fruit to the Colony as well as at Blofield Hall'.¹⁰

Victor, when commenting on one of his photographs, said that he liked the privacy offered by his garden:

Each person had a piece of garden.

⁸ LPHR HMC Annual Report 1961, p.17.

⁹ LPHR MHC Annual Report 1961, p.19.

¹⁰ LPHR HMC Annual Report 1952, p.14.

Figure 13



a.



b.



- a. Victor Hall, Blofield Hall gardens, c.1960s.
- b. Victor Hall with bicycle, 1968.
- c. Victor Hall, Little Plumstead Hospital, c.1960s.

I had a garden. Thats my piece and me wearing a beret. I used to dig it. We used to garden by ourselves. I used to grow vegetables and that sort of thing. I had one boy help me..he went selling..that were my brother...Me and my brother grew vegetables . (Fig 13a)

The gardens were said to

provide useful horticultural training as well as the provision of a very considerable supply of plants and flowers for internal decoration, high quality vegetables, shrubs and small hedging plants for the Group generally.¹¹

Many of the available jobs in the nearby villages were in gardening, so the training on site could be seen in this instance as good preparation. Sidney worked at a nearby Nursery; others worked in market gardens, or in the gardens of people living in the area, doing both casual and regular labour.

12

One meaning of workshop 'training', therefore, was that time spent in the workshops, though often not relevant in terms of future jobs, did denote a step along the route out to other work, and I discuss this further in the section on Progression Routes. Evidence from the records shows that contrary to some of the literature concerning the period, there was an awareness by hostel authorities, that the training in workshops was to be taken seriously and discontinued if it became obvious that it was not serving a useful purpose for the long term aim of the hostel, that is, enabling men to leave for employment outside. As long as the workshops

¹¹ LPHR HMG Annual Report 1968, p.20/21.

¹² LPHR HMG Annual Report 1957, p.18.

could be regarded as providing both 'an excellent source of training' and 'a not inconsiderable amount of production of articles required by the hospitals' ¹³ then they remained in place. The production of articles can be seen as important not only as serving the needs of the hospital, but as giving the men a reason for working and a pride in their work. This aim was also indicated in the entry concerning the gardens at Blofield Hall:

The gardens at Blofield Hall are always excellent. The patients take a pride in their environment, and many evenings in the spring are spent in voluntary work to improve the appearance of their home. They contribute to the general picture of a happy community... ¹⁴

Though this official report probably paints a somewhat idyllic picture, Victor and John both confirmed their pleasure in gardening, and their sense that parts of the gardens were their own, to cultivate as they liked, and as a place for their aviaries. The gardens provided space for the pursuit of hobbies linked with work and job satisfaction. John Mack, a local farmer who employed some of the men (see next section) also confirmed the gardening skills of the men and their pride in this work. According to him, 'they used to do the gardens and kept them all tip-top, because Blofield Hall was a beautiful place'.

Different Types of Jobs : Developments in Daily Work 1952-1980

Much was written in the literature in the 1950s concerning the efficacy of daily work and its advantages as trial and testing ground for future more long-term outside placements (Rohan 1954; Fitzpatrick 1956; Gunzburg

¹³ LPHR HMG Annual Report 1961, p.17.

¹⁴ *ibid.*

1958). It was also held to make the 'mental defective more socially normal' (Rohan 1954: 68). The literature focused on working out from the large institutions. It stressed the great difficulties in managing such daily work from hospitals and the consequent disadvantages to the men of living in institutional wards (Rohan, 1954: 69), and it speculated on the greater benefits that designated working hostels would offer. The imagined benefits were to be home-like comforts combined with normal daily work patterns. Daily workers were seen, in fact in some of the literature, as part of the 'national effort' after the war years and therefore 'deserving of the comfort of home in recognition of his contribution' (Rohan 1954: 72). Blofield Hall had been set up to aspire to this model and several men began to go out to daily work as soon as they moved to the hostel.

As noted above, there were opportunities for local farm work both on a seasonal basis and long-term full-time work, as well as openings for work in nearby market gardens. It is recorded in the first Report on Blofield Hall in 1952 that

an increasing number of patients go out to daily work, some have regular jobs on farms and market gardens, others do gang-work and part-time garden work for neighbouring householders. ¹⁵

By 1954 the numbers of men living in the hostel had grown to 56, of whom 20 went out to daily work, and the report described it as

a busy and active Hostel Unit which is contributing much to the rehabilitation of our male patients ¹⁶

¹⁵ LPHR HMC Annual Report 1952, p.14.

¹⁶ LPHR HMC Annual Report 1954, p.15.

In 1955 it could be reported already that

This Hostel has been most successful and forms a most useful intermediate stage between residence in the Main Hospital and release on licence.up to 20 are regularly employed in outside work for local builders, contractors, or on farms and market gardens. ¹⁷

Victor went out to daily farm work at certain times of the year:

The farmer came down and then he wanted volunteers doing picking up potatoes..about 6 or 7 went...that was an outside farm. We had to take our own sandwich and that sort of thing. We only did part-time...about a couple of days. We got paid.

In 1965 the hostel was said to provide

a most satisfactory outlet firstly as a halfway house for patients from the main hospital, and secondly, as an opportunity of sending patients to daily work. The opportunities of outside employment are steadily increasing and employers have become impressed with the reliability of the patients sent to work for them. ¹⁸

Numbers grew gradually and the 1968 Annual Report stated that

This hostel for male patients continues to play a very active part in the rehabilitation - up to 25 patients work away from the hostel. ¹⁹

¹⁷ LPHR HMC Annual Report 1955, p.16.

¹⁸ LPHR HMC Annual Report 1965, p.36.

¹⁹ LPHR HMC Annual Report 1968, p.36

John Mack employed several of the men from Blofield Hall on his farm on a seasonal basis. He described how this worked:

...Of course we used to get to know the men we wanted, and we used to ring up and ask for so-and-so..and they'd come. We used to do 30,000 turkeys a year for Bernard Matthew's...Lorries used to load up at 4 am, and then I used to get half a dozen from Blofield Hall, to help catch the turkeys, and we used to collect them and pass the birds along. And they used to enjoy it ! That was about four times a year. We used to ring up at harvest time as well for help from Blofield Hall...they could help with putting the sheaves up.

Jack C. worked on a daily basis for him:

The farm buildings down there were all very good, and we had concrete..and we had pigs and turkeys..turkeys to start with, and Jack would help with them, and then pigs intensively, and he worked with them..He was so active, so helpful....he'd always have a broom in his hand..he'd do anything you wanted him to. The pigs had to be mucked out and that sort of thing - they were horrible, horrible job..it was a dirty job..But he was in there working with my son - he didn't mind, did he..he enjoyed it. We paid him a regular wage packet.

The demand for reliable willing workers who would do dirty work corresponded to the situation for some of the women domestic workers from Eaton Grange.

As well as gardening and farming jobs, factory work began to be tried in the 1960s. A new development was the employment of some of the men in the local Tin Works, Messrs Billig, which was regarded as 'a stepping-stone for ultimate discharge'.²⁰ Pay in the Factory was recorded as being set by the Ministry of Labour and offering a higher rate than the casual farm work,²¹ and according to Jacky Swinger who worked there from Eaton Grange, the work called for considerable skill and manual dexterity (see Chapter 6). As a direct result of the 1959 Act, some of the men who were now in Blofield Hall on an informal basis, were lent money interest-free from Endowment Funds so that they could buy bicycles to enable them to get to the Factory independently of hospital or public transport. A series of photographs of different men with their bicycles collected in Victor Hall's album indicates the significance of this change. (Fig. 13b) The bicycles meant that the men could be more independent in their movements, and begin to enjoy a social life outside the hostel, while still living there. They began to develop friendships with work-mates at Billigs, some of whom offered the men lodgings with their families, at which point they took their discharge. In the 1960s therefore, opportunities arose for the men through their work to make friendships outside the hostel, as the women in Eaton Grange had also been able to do. It became apparent to the Psychiatric Social Worker (PSW) allotted to Blofield Hall that the men preferred to be boarded out with private families than placed in any more formal residential accommodation such as company hostels.²² In this way, after 1959, the hostel continued in its role as a stepping-stone towards a more independent life. Work offered opportunities to develop confidence

²⁰ LPHR HMC Annual Report 1962, p.21.

²¹ *ibid.*

²² LPHR HMC Annual Report 1958, p.24.

before the men left the hostel for good, and this was recognised in the Annual Reports:

This hostel provides the additional advantage that patients from the main Hospital become accustomed to living more independent lives and are encouraged to mix with the community by the extensive granting of parole, thereby facilitating their contacts with the community. ²³

Despite the geographical isolation of the hostel, ways began to be found, therefore, through encouraging work in factories such as Billigs and Macintoshes in Norwich for the men to mingle in the community, though local farms were still an important source of employment, as they were nationally in the early 1960s (Morris 1969; O'Connor and Tizard 1956). In 1967 ten men from Blofield Hall were able to go out on licence to lodgings and regular work. ²⁴

In the main, in the 1950s and early 1960s jobs were gendered. There was a greater variety of work offered to the men from Blofield Hall than to the women from Eaton Grange. This was commented on by the PSW in 1955 when he said that the majority of the women were offered domestic jobs as a matter of course, whereas

amongst the males we have a great and interesting variety ranging from a bus conductor to farm workers...many of them earn high wages and obviously take their place in the community outside. ²⁵

²³ LPHR HMC Annual Report 1961, p.17.

²⁴ LPHR HMC Annual Report 1967, p.19.

²⁵ LPHR HMC Annual Report 1955, p.23.

This accords with the practice elsewhere at the time. At Coleshill Hall in Warwickshire, a list of jobs taken up by residents in 1954 showed that only domestic work was open to women, whereas 15 different types of job were being done by men (Rohan 1954). High employment in the 1950s and 1960s (Gladstone 1995) possibly influenced the variety of the jobs available and the demand for labour, although, as noted in Chapter 6, the Depression was also a time of high employment of 'mental defectives' in particular in domestic work. The variety of jobs for the men in the 1950s and 1960s was therefore likely to have been as much the result of the continuation of gendered approaches to employment, coupled with renewed efforts to enable the more able men to become independent. It was at this time (1963) that an article by one of the doctors working in Little Plumstead hospital recommended that an open approach be taken to training, all possibilities being considered, even that of teaching the more able men to drive. He argued that 'even if only a very few often become fully-fledged motorists this would improve their chances of employment' (Payne 1963: 52).

In the late 1960s and early 1970s further new types of jobs were found for the men in Norwich and other nearby towns as part of the drive towards independence. Men began to go out daily to jobs as hotel kitchen porters, kitchen workers, cleaners in cafes and labourers in boatyards. Some live-in jobs became available also in the kitchen of a nearby public school. Factory work, often seasonal in the local cracker factory, remained an option. John's graphic description to the Memories Group of his first outside job at the cracker factory illustrates the excitement he felt at this step across the boundaries of the hostel and the sense of achievement he had when he was successful:

...Now, I have something to tell you !..you know the Cracker Factory !..someone picked us up from Blofield Hall and took us there...and you had to make the boxes up for the Christmas hampers...roughly about 4,000 a day ! And my hands were aching ! And there was a belt. And we put everything in the warehouse onto the belt and the people next door pack them. And sometimes I used to have to pack them too. And that's when I was at Blofield. I did get paid for that. We made up the Hampers and then we got one free... I used to like that.

Another aspect of daily work which became more controversial amid public criticism in the late 1950s, was the daily work in the hospital still undertaken by some of the men from Blofield Hall. Victor went back to work in the wards for a while after he first moved into Blofield Hall, helping with the children and doing kitchen cleaning work. There is a photograph of him, taken by his brother:

Me in my apron doing work on M7. We had to go back there night times from Blofield Hall. We didn't get paid for that work. I took the children for a walk when they were short-staffed .(Fig. 13c)

He also had the responsibility of keeping the keys to the children's clothes cupboard. When nurses wanted to get clothes out of the cupboard, they had to ask Victor's permission. The type of work he did therefore represents an example of the important roles held by some of the hostel residents and the positions they had of power over the junior and student nurses. This work was important to Victor because of the status it gave him. Another result of

hospital work was that these jobs were later seen by the staff in Blofield Hall as part of the progression route enabling him to move out (see later section on Progression Routes). Once he had served that 'apprenticeship' in ward work, he did not have to do a great deal of the cleaning work in Blofield Hall itself, but was considered 'trained' and seen to be 'on his way', by the late 1960s, to a life outside. His cheap labour on the wards, was seen retrospectively as enabling his path out of the hostel.

This was one type of work, therefore, which was not decided upon gender lines. Unlike the women residents of Eaton Grange, men at Blofield Hall were encouraged to do caring work with the children and less able residents. As noted above, John chose to do caring work on the wards rather than remain in the hostel workshops. Research has suggested that work in hospitals tended to be along traditional gender lines (Walmsley 1993). John, however, crossed this gender stereotype in his positive choice of caring work. Thomson found that 'as late as 1951, high-grade patients were left alone to supervise the lower grades' (Thomson 1998a: 139). John's story shows that this practice was still in place in the 1960s. This job, which John described as 'the best job', though, like Victor's, it could be described as exploitative, gave him one of the few chances he had to feel he could take responsibility. He described how this felt:

...they didn't have many staff...two of them had to go to the canteen to have their dinner...so they said to me 'Will you John keep after these patients for me while we've gone?' So I had to go into the day room and I had to watch every step until the staff came back...so, putting it that way, I was like the staff instead of the patient ! I was in charge ! I said 'I can't be a patient now, I'm a staff now'!

John's job gave him both status and responsibility. It also gave him a new identity as a carer and a preparation, paradoxically, for work outside. He still defines himself in particular through his caring roles and since he left Blofield Hall has often chosen jobs in voluntary work as a carer.

Though there is no doubt that people worked for long hours often for little pay, the evidence from some of the life historians is that they enjoyed the outside daily work which was of major importance in their lives and vital for a sense of their own identity. The work they did was not derisory, but was useful, skilled and often indispensable not only to the running of the hospital or hostel but to the economy of the farms nearby. Some of the life historians were proud of the work they had done, identified themselves through it, were aware of its value to others and marked their own border crossings with details of moving in particular towards 'proper' full-time jobs. Ronnie, although he now lives in a group home in the city still returns every day to work at his old job in the Hospital Stores. John enjoyed his work as nurse helper on the wards, and the added status it gave him, identifying himself as a 'caring' person. The issues raised here link to current debates on contract work in Adult Training Centres where, similarly, work though valued by employees, is underpaid and exploitative, and its future role questioned.

Both training and daily jobs were part of the progression route represented by work.

Work as Progression Route

In accordance with contemporary views of work, daily work was seen as 'an excellent testing ground' (Rohan 1954: 67). Therefore, to encourage and facilitate both daily and long-term work prospects, a Hospital Psychiatric Social Worker, Mr. Adams, was appointed in 1955, whose role was to liaise between hostel, families, or landladies, and to organize and supervise work placements for the men. In the same way that in the 1930s, the Visitors and Mental Deficiency Committee members were so surprised at the progress made by the Eaton Grange women, at their prowess and their ability to develop new skills, there was surprise at the success of the men in Blofield Hall as they moved down new progression routes. The new opportunities offered by the hostel changed lives. For those 'on the edge' they offered the chance to cross borders, however slowly and laboriously, as the various hurdles had to be negotiated. In 1955 the PSW wrote that 'It is wrong and untrue for people to say that there is no hope for mental defectives' and he listed cases of rehabilitation which showed that despite institutionalisation, 'they are able to adapt to our complex changing society with a minimum of personal difficulty'.²⁶ He believed in change and progress, and he criticised the policies of the past under the Mental Deficiency Acts:

In the past, the certified defective tended to be regarded as a special type of human being and socially instigated action could, at the stroke of a pen change a person's legal status...In the past Social Workers were blind to the needs and feelings they shared with the rest of humanity. When high grade defectives protest resentfully against being called 'mental' or segregated, they are expressing their deep feeling at this deprivation of

²⁶ LPHR HMC Annual Report 1955, p.22.

human dignity and rights and the sense they have of being separated off
in people's minds. ²⁷

During Mr. Adams' time as PSW between 1955 and 1967, there remained a steady impetus towards licence and discharge. ²⁸ Policy changes impacted upon legal status, but not necessarily the work policies of the hostel. There is some doubt in the literature about the real power of the 1959 Act to effect change (Thomson 1998a; Donges 1982; Means and Smith 1994). The history of Blofield Hall shows that men were being encouraged to move out of the Hall on licence throughout the 1950s and so it might be expected that the new directives in the Act did not produce a sudden change of direction. Nevertheless, there was a reaction to the Act. Helen Foster, another hospital social worker, was concerned about 'the exodus of those poor things...the date 1959 was emblazoned on my memory as a crossroads', and she suggests that there were changes of momentum after the Act.

Mr. Adams also commented in 1961 on a change of attitude after the 1959 Act, indicated by new types of employment and new progression routes:

There is no doubt that the range of occupations available is beginning to widen. A few years ago it would have been thought unsuitable for a subnormal person to work in a factory but now, in fact, more of our patients are working in factories and hotels than on the land. ... ²⁹

There is a contradiction between Mr. Adams' official reports explaining the meaning and purpose of Blofield Hall in the 1950s and 1960s, and the

²⁷ LPHR HMC Annual Report 1962, p.21.

²⁸ LPHR HMC Annual Reports 1955-1966. 1962 was the first year that there are separate figures for Blofield Hall, which state that 17 men were discharged from licence (p.7).

²⁹ LPHR HMC 1961, p.21.

testimony of Helen Foster, who worked in the late 1960s and the 1970s. Her view was that Blofield Hall was a stable home throughout the 1950s for some, and that not a great deal of encouragement was given to men to move out (see Chapter 7). This discrepancy demonstrates how two different types of evidence - the one documentary and contemporaneous, the other retrospective - revealed different aspects of the history. These two perceptions can co-exist, as the evidence reveals that both movement and stability were a feature of Blofield Hall at this time, as they were in Eaton Grange. Mr. Adams' Reports are detailed, and give evidence of individual jobs and licence as well as progression out of Blofield Hall under close supervision, and it is clear that this hostel as well as Eaton Grange, had a role well before the 1959 Act, as a halfway house between hospital and community. Annual Reports throughout the 1950s also indicate the dual role visualised for Blofield Hall. Evidence from the Memories Group members is that they lived for an average of ten years in Blofield Hall before moving into Group Homes or flats.

Contemporary discussions on daily work in the literature offered different views as to the role of a progression route. Rohan emphasised that 'where male patients at least are concerned, how deeply grooved is the path of progress' (1954: 67), whereas Fitzpatrick warned against licence being regarded as a reward for good behaviour, instead of 'an essential step in their resocialisation' (1956: 835). In Blofield Hall, the progression route appeared to be 'deeply grooved', and tended to retain the various tests and hurdles at crossing points even in the 1970s.

After the 1971 White Paper, the evidence points to a further speeding up of moves into different types of provision. The life historians in the research started leaving the Hostel in the 1970s, both into lodgings and into group

homes or flats as they became available. Like the women in Eaton Grange, the men had had to 'earn their way out' of Blofield Hall through various work placements. Dr. O'Callaghan described the specific progression route as it evolved in the 1970s:

...there was a direct route from the secure unit to the hostels. If they wanted to get out badly enough they got to Blofield Hall. The role of the hostels was to get them out, to get them working and to get them out..and not to see them coming back again. They had to earn their way... they had to climb to the top, and the top was the hostel.

When the Memories Group reflected on the meaning of work, the members saw its different levels of importance, and its role as a means towards ordinary life. Douglas Lanham described work as 'a magic wand'. He said 'If you didn't work, you never got out, you just sat looking at the four walls..' Work was also seen in more abstract terms as enabling people to move towards a more adult status, from work they were not paid for, or paid only in kind, to work that was a 'proper' job or had equal pay, such as the factory jobs. Douglas remembered his own progression route:

They used to have the Shoe Repairers at the back and there used to be the woodwork part as well. When I first worked there they made me sort of go in these sort of places and I was alright on that until in 1972 they got me a part-time job at 'The Clover Leaf', which was a cafe, which is down Dove Street.

Douglas had graduated from work on site in the workshops, to a job in Norwich. He then referred to the time he got a 'proper job', full-time and with a fair wage, rather than part-time work:

I used to work in the Oaklands Hotel, and I was there for 8 years as kitchen porter. I went there in 1975 and I left in 1983. I liked it and the people were very nice. And at Christmas time it was great. And they let me stop in over Christmas. And then I went to The Maid's Head...

George Gladman told me about the domestic work he did in Blofield Hall, but was much more interested in describing the 'proper' jobs he had as a kitchen porter in hotels in Norwich, where although he did the same work, washing up, 'I got a good bit of money...they used to pay me alright'. Victor moved along the whole route from ward work, to training and daily work at Blofield Hall. His part-time job cleaning floors in 'The Clover Leaf Cafe' in Norwich represented a major border crossing. Helen Foster, who helped him find a permanent outside job, described the general progression route:

They had to have a job. To begin with it was a good system, because they had to be out in this job for getting on for three months, some of them longer than that depending on how they were doing, before they were actually discharged. If they went out and managed to hold down a job for about three months, then at the end of that time we looked at finding suitable lodgings within reasonable distance of their place of work, or within cycling distance or a convenient bus route.

Like Victor, John had a daily job in Norwich before he was able to leave for good in 1975, retaining the same job which was his passport to an independent life. Derek Osborne said that for many of the men

the outside world was somewhere they wanted to get to - they thought that was Shangri-La - they thought that would be lovely - they wanted to get out - and a lot did eventually make it.

John remembered the day he was told that he was to leave Blofield Hall :

..the staff had meetings, who's ready to go ...and I was in the Snooker Room, and Victor said 'Mr. O. wants you in the office' ...The Doctor was there and he said ' You've been in all these places a long while. You shouldn't be here'. So I was discharged....

.....

I'll tell you something, when I went back to the Snooker Room I went 'Free! Free!' So all my dreams came true. I was so happy.

For both Victor and John, the struggles and complications of their progression routes in the end resulted in a satisfactory conclusion and an 'ordinary life'. For the last 17 years Victor has worked in a Fish and Chip shop and lived in his own flat. He says: 'I've got my freedom now, because I've got a Council flat now'. John is married and living in his own flat, doing voluntary caring work with the Salvation Army, working with older people in a day centre.

When discussing the progression routes and the role of the hostel, Derek Osborne reiterated the original purpose expressed by Dr. Morris in 1948. It was to provide a way of living, independent of the hospital, but also of parents and family. From the point of view of the hostel authorities, the suspicion of the family as the source of many of the problems remained, and stability in the hostel and experience of full-time work was to offer rehabilitation which would lead to independence, rather than a return to the family home. According to Derek

We didn't want them to return home - that was often where the problems had started.

This corresponded to the thinking of the time, which regarded an 'adverse family background' and 'gross failure in the home environment' as a common cause of 'problems' (Cripps 1972).

According to members of the Memories Group, work as a progression route gave individuals a sense of achievement, despite the hurdles, and offered a way out from 'the four walls'. In the next section I look in more depth at the people and factors involved at the crucial border crossings on that progression route.

The Border Crossings

The PSW's outreach work created an extended role in community care for the hostel:

One of the most important functions of a Psychiatric Social Worker working in the field of a hospital such as ours, is that the Worker is a link

between the hospital and the community...Much of my work is outside the hospital -- it is the link with the community which is the main thread which runs through my work. ³⁰

Reports by the PSW, written in the 1950s and 1960s, point to continued efforts by him to arrange jobs and lodgings, but they also detail some new problems which arose as a result of the 1959 Mental Health Act, and which prompted renewed efforts on his part to assume what he increasingly saw as a vital role in community care. When men wished to leave the hostel as they could now ask to do if they were there informally, it was, paradoxically, more difficult to find both funding and accommodation for them, as the National Assistance Board would only give grants when the men had physically already left the hostel and had an address. The PSW had to seek the assistance in some cases from the Church Army Hostel in Norwich to provide temporary lodgings, the process often involving contacting 'no less than nine different agencies of Local Authority and Government Departments'. ³¹ The Reports of the PSW illustrate the fact that though he had always seen his role as that of community liaison officer, he increasingly took on the mantle of community care after the 1959 Act, solving new problems, and liaising with local authority mental welfare officers and the Disablement Resettlement Officer (Adams and Lovejoy 1972).

In the 1950s, Mr. Adams expanded the role of licence supervision beyond what was called for by the Board of Control. ³² Although the supervisory visits were supposed to be made quarterly, he felt that '...it is far too optimistic to believe that 4 visits a year are sufficient to supervise a patient

³⁰ LPHR HMC Annual Report 1955, p.22.

³¹ LPHR HMC Annual Report 1961, p.25.

³² LPHR HMC Annual Report 1952, p.3.

people needed more support than the 1959 Mental Health Act and later the 1970 Local Authorities Social Services Act had stipulated was necessary.

After the 1970 Local Authorities Social Services Act, the hospital social workers were employed not by the hospital authorities, but by the local authority social services department. They had to learn a new role and were often at first uneasy in it (Marais 1976). Derek Osborne, nevertheless, remembers 'the very progressive' work done by the social worker in the 1970s in enabling many men to have daily work in Norwich and then to leave Blofield Hall.

According to Helen Foster, the hospital social worker's role in the 1970s was to find suitable lodgings with landladies or families who would not exploit, who would be sympathetic, and would understand the problems. Pauline Morris (1969) found that there was often little contact between the local authority mental welfare officers and hospitals in the 1960s, and that the work of job-finding was done in the main by the hospital social worker. Helen Foster did work regularly, however, with the Mental Welfare Officer, Frank Pond, who emphasised their joint role in finding lodgings or group homes for some of the older people moving out of the hostels. In particular, it was at this time that seaside landladies began to offer lodgings following the decline of the regular boarding house business.

Once the men were living out, Helen Foster's job of visiting and monitoring continued for anything up to six months, depending on whether the men were under the Courts. As Mr. Adams had done in the 1950s and 60s, she expanded this role of visiting by the hospital social worker. After 1969 there were difficulties during these transitions as the men came to terms with a new life, and hostel staff therefore devised a method by which they

could retain responsibility for their care for as long as was necessary. According to Derek Osborne, problems often occurred when the hospital social worker had to finish her visiting at the end of three months, and the men's extended leave from the hostel was completed and they were then automatically discharged. If there was any doubt as to their ability to be independent without her regular visits, they were brought back to Blofield Hall for one day, and by that means, their leave could be extended for another three or six months, and she could continue to visit. This has resonances with the practice of extended licence of many people under the Mental Deficiency Acts criticised by the National Council for Civil Liberties in the 1950s. In this case, however, it seems to have had the purpose of supporting independence rather than curtailing it. Although Jones (1975) found that post-1971, 'when patients are discharged from hospital, the hospital authorities are no longer involved in their care', a different picture emerges from the evidence for the hostels. In Blofield Hall, Helen Foster, her post now transferred to social services, continued as before, monitoring her placements, in the type of 'hospital out-patient work' advocated by Jones (1975: 182). Supported employment, which is a major issue for community care in the 1990s, thus had its forerunner in the work of Blofield Hall social workers.

The social worker's role as trouble-shooter did help many of the community placements to succeed as she became advisor and educator of landladies and employers, as well as trainer and confidante of the men:

They would tell me if they were unhappy, and then they would come back to Blofield Hall for a while.

In 1972, just a year after the publication of the White Paper, Victor went to work at the Hotel Eiger for three months before he eventually left to live in at the hotel. Helen found him the job, and remembered the circumstances surrounding it:

Yes, he went to the Eiger Hotel. He went to work in the kitchens. And another boy went with him...his brother. And there was this really nice young fellow who was the chef..and he was just a youngster, but he was very good to Vic. I thought Victor enjoyed himself there.

Victor described his feelings on leaving Blofield Hall:

Felt a bit strange at first....it took a long while...I was a kitchen porter. It was alright. I lived outside of it (the hotel)..I had a chalet in the garden. I lived with my brother there. I had to clean the pans up - washing plates and saucers - hard work. I had a month's trial and then they [Blofield Hall] discharged me.

He commemorated this transition by photographing the entrance to the hotel, a symbolic crossroads into a new life. His photographs of the chalet and of himself socialising with other hotel employees also document the importance of this move. His narrative account described his initial loneliness, but emphasised his new independence.

According to Helen, the role she developed involved close liaison with employers as well as landladies :

I also kept in touch with the employers, mainly with the foreman, rather than the bosses, because they would know what the fellows were doing...Try and make sure they weren't taken advantage of, made fun of, that sort of thing, because that was a problem...the other workmates. That was something they hadn't had to contend with.

When John moved out of Blofield Hall he had been 'scared stiff of going out into the world'. These moves out of Blofield Hall were described by Helen:

It was very difficult. Most of them if they were honest would say that they were frightened. I knew they were. And I was frightened for them . If it hadn't been for the Wednesday Club... [a Social Club]those who lived in the perimeter of the city would come there, so I could see them, they would talk to me, they knew I'd be there and that helped.

The Wednesday Club, which opened in 1967 (Marais 1976), was described by the Memories Group members as a vital social venue for those who had recently left Blofield Hall and it also enabled Helen Foster to keep in touch informally. She visited ordinary local clubs and spoke to managers, but the other clientele 'did not know how to relate to the men ..so it was difficult'.

There were problems for the men in settling down to a new life. Writing later about his move, Victor said that 'doing what I liked seemed strange. I missed my friends. I missed looking after people, taking Jimmy to the City, taking others for walks. I missed the activities' (Hall CMH 1986: 4). There was thus considerable anxiety surrounding the practicalities of these border

crossings, both on the part of the men and the responsible social workers. Helen explained that for the hospital social workers it was a learning curve too, and they were uncertain how often to visit, and in general what to expect from placements, landlords, and the men themselves. The work done by the hospital social workers at the border crossings aimed to alleviate what would now be described as 'transition shock' (Booth, Simons, Booth 1990). Though undefined at the time, it has been increasingly recognized as a phenomenon. Job-seeking and 'home visits' were regarded in general at the time as a role for nursing staff or PSWs (Tudor-Davies 1975). This case study has explored the way this was carried out in one hostel, at the discretion of the PSWs who often increased the monitoring and support as necessary.

There remained one other reason for the continued role of the hostel staff in community care. After the Local Authorities Social Services Act of 1970, there was no longer a statutory duty (as there had been under the Mental Deficiency Act, and undertaken by the Mental Welfare Officers after 1959) for social workers to visit regularly, 'have knowledge of, let alone... remain in contact with' all the people with learning difficulties in their area (Marais, 1976: 226). ³⁶ Michael Marais, a former Mental Welfare Officer in Norwich, suggested that this presented problems of neglect and lack of support in Norfolk, at a time when it was most needed. A fear by hospital social workers and those involved in transition programmes that many might be neglected and 'cast adrift' (Marais 1976), meant that they continued to have a role where they could in the community care of those who left the hostel.

³⁶ A Norwich Health Authority District Review as late as 1984 recommended Area Registers 'of all mentally handicapped people to find those requiring specialist service' (1984: 48).

In Blofield Hall, as in Eaton Grange, the research has revealed a system of work which involved progression routes, border crossings, stages and tests. For the men as for the women, there were symbolic meanings to these processes, though atonement and redemption could sometimes take different forms for each. In the next section I examine the concept of work seen as atonement for the men living in Blofield Hall.

Work as Atonement

In Blofield Hall, as in Eaton Grange, work could be interpreted as exacting payment or atonement for the men's condition in two ways: firstly, they were not regarded as meriting full pay or in some cases any monetary payment at all; secondly, they were often expected to accept hard and menial work. A contemporary case study described the work done in 1956 by men from a hostel who were '...put into general labouring at an oil mill...this employment was hard and distasteful, it was hot and smelly...and they stuck at it for 17 months' (Fitzpatrick 1956: 835). At an earlier period, Thomson suggests, ideas on the 'reformatory value of work' shaped colony regimes (Thomson 1998a: 148). Only by passing tests and succeeding in work, would the individual become 'a worthwhile' member of society (Rohan 1954: p.8). I argue that vestiges of this attitude remained into the 1950s and 1960s and determined some of the circumstances surrounding work programmes offered to the men in Blofield Hall. The type of work done by the members of the Memories Group was often the hard and menial work of cleaning and kitchen work, and labouring work, with long hours and little pay.

The campaign begun in 1947 by the National Council for Civil Liberties (NCCL) was concerned with the exploitation of people with learning difficulties in work situations in hospitals, hostels and on licence.

Atkinson's oral history work with residents of Hassell's Hall, an annexe of Bromham Hospital, reveals the low-paid farm work done by the men in the 1930s and 1940s. Payment for this work was sixpence a week or cigarettes and sweets (Atkinson 1997). David Barron describes his role as unpaid cleaner in Bubwith Hostel (Barron 1996). The NCCL's report, *50,000 Outside the Law* (1951), described unpaid work as 'slave labour', and also criticised the lengthy spells on licence which did not easily lead to discharge from the Acts or freedom from detention. The public concern was such that the government moved to set up the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency in 1954. Despite the mobilising of public opinion, and the reforms instigated by the Royal Commission, little changed and abuses continued to be revealed at intervals (Stainton 1994).

In the previous section, I suggested that in some respects, policy regarding employment in Blofield Hall was ahead of its time, prefiguring early normalisation ideas in encouraging self-sufficiency and supported employment, and recognising the importance of preparation for independence. However, a factor which complicated the perception of Blofield Hall as a 'half-way house', and interrupted some of the men along their progression route was their usefulness as workers within the hostel or hospital. Their progress out to a more independent life was delayed, sometimes for many years.

Walmsley suggests that people were 'inheritors of a tradition of putting the poor to work' (1994: 264). Atonement for their condition was regarded as rightly exacted from people with learning difficulties, and their skilled labour was sometimes seen as a product to appropriate. This attitude also had some bearing on pay. In Blofield Hall the situation regarding payment was complex, though it did begin to improve in the 1970s. If the work the men did on-site and in the hospital itself was regarded as *training*, payment for it was obviously a grey area. Payments for those who worked on-site were at first either in kind or in the form of a basic allowance, but gradually people began to receive both a basic allowance and an incentive allowance, though according to Derek Osborne, even with the full incentive allowance, the amount was very small. During the 1970s, however, Derek says that

We were very forward...we got them actually to have a proper wage - we all fought - because they really were doing the work of staff. I mean if it wasn't for the residents we would have to employ a full-time person - staff fought for it. They gradually increased the incentive ...we were told there was money available and we thought the residents were entitled to a slice of that...and they did get it in the end.

The infantilizing language and attitude that was common in descriptions of people with learning difficulties in the 1950s and 1960s, also enabled not only a dependence to be maintained, but also justified the payment of low wages and the exploitation of workers in outside work as well, as set by Ministry of Labour guidelines. According to Mr. Adams 'the average rate

of pay was approximately 30s a week, though some receive a higher rate', as allowed by the County Agricultural Board.³⁷

Though the men did not get a full wage, they did nevertheless receive a wage packet from the employers. Ossie Simkin described the process:

They brought the wage packet un-opened back to Blofield Hall and it went through the Finance system. They then applied for money from their account. When patients went out to full-time work from the hostel there was a system whereby they (the hostel staff) deducted board from their wages. The wages were counted and then there was a deduction made, about 20% - they had to contribute because they were getting fullboard..At the most 20%.but only for those who had a regular wage coming in.

Though infantilising the residents of the hostel was one way to excuse low pay and exploitation, another, as with Eaton Grange, was the belief that the residents owed society a debt for their own assumed condition: Derek Osborne described the context in which the men were able to work for so little: '...in a sense, they worked for their care really'.

For both the women from Eaton Grange and the men from Blofield Hall, the idea of being asked to atone for their condition was an undercurrent of some of the work, the wages, the conditions, and the expectations. The requirement to *earn* their way out of the hostels remained a thread running through the many different processes of the progression routes.

³⁷ LPHR HMC Annual Report 1955, p.22 The Ministry of Health in the 1950s decreed that workers received the first 10/- and one - fifth of the amount remaining, the rest to go to maintenance (Rohan 1954).

Nevertheless, despite the element of atonement being exacted, and the understanding of the men that some of the less rewarding jobs were rites of passage, they still managed to value much of the hard labour as it gave identity, on occasions pride in their work, and a wage. In retrospect, though, and after nearly 30 years' experience of 'proper' jobs, Victor's views in the Memories Group revealed that he is aware of the meagreness of some of those early jobs.

Conclusion

Blofield Hall's role in setting up work patterns was well established in the 1950s, and by comparison with Eaton Grange there was great variety in the types of work and training offered. Before 1971, the variety of progression routes enabled two distinct trends : the swift movement out for those who proved their ability to keep a job; the much slower movement of many who remained in daily work. There were several reasons for this: some very able men were useful in the hospital and hostel work; others, used to their daily routines and because of the geographical isolation of the hostel, were reluctant to move and were not always encouraged to do so with any speed; there were sometimes issues of tests to pass and hurdles to cross. The role of Blofield Hall as a 'stepping-stone' and a 'halfway house' is therefore a complex one and was not always immediately open to all.

The overall aim remained, however, to enable men to move out to daily work and then work outside, some journeys taking longer than others. After 1971, the process speeded up, and all the members of the Memories Group left Blofield Hall in the few years after the 1971 White Paper. Their border

crossings, and those that took place earlier in the 1950s and 1960s, saw intense activity by the hostel staff, and the Hospital Social Workers. This activity, following a trend set up by Dr. Morris in the 1940s, gave Blofield Hall a role in community care, and the staff a responsibility for the ongoing success of jobs and lodgings, and in alleviating the shock of transition to the community.

Chapter 9 A Comparison of the Two Hostels

Introduction

This chapter compares the two hostels, briefly summarising similarities and differences and focusing mainly on the period 1952 to 1980 when both hostels were under hospital management. In 1957 the PSW claimed that 'Our two hostels bridge the gap between life in the hospital and life in the community'¹ The research showed that there were many similarities between the hostels because staff in both aspired to this aim. There were also important differences which arose because of *geographical location* and issues of *gender*, and in the following sections I compare the hostels using these two themes as headings. The final section briefly notes changes and continuities in the final years of the two hostels. Two members of the Memories Group, George Gladman and Douglas Lanham, experienced life in both, as they were among the first men to move into Eaton Grange from Blofield Hall when the former became a mixed hostel. Their memories, together with those of June Evans who had worked in both hostels, contributed to this comparison.

Geographical Issues: Urban versus Rural Locations

The fact that one hostel was in the city and the other in the country inevitably made a difference, and yet the research findings were that the

¹ LPHR HMC Annual Report 1958, p.24.

effects of the urban/rural split were complex. The obvious advantage of the urban situation of Eaton Grange and the resulting freedom offered to the women was that they had much more opportunity for community contacts and friendships. For example, Jacky felt she was already 'out in the world'. The series of further border crossings leading towards complete independence which could be made by the women were made easier in practical terms by this comparative ease of movement around the area. More subtle and gradual transitions were possible, so that Jean could describe Eaton Grange as being 'out, but not right out' and Alice's photographs could illustrate these different zones as she gradually moved into new situations of daily work, then living-in, then final discharge from the Acts. These descriptions highlight the fact that community care was highly complex and had many gradations, sometimes made easier by the geographical situation.

The case study of Eaton Grange illustrated ways in which some of the women made friends and had casual contacts outside the hostel, either by flouting the rules or through their work. They were able to go into the surrounding area and into the city on their own or escorted by staff. This gave the women a degree of independence and fulfilled the hopes of the authorities that this was a home in the community from which the women went out to work in the morning and returned in the evening, some then leaving to live-in on licence. The location meant that in the inter-war period it was easier for friends and family to visit, and also for those who were out on licence or who had left the hostel to return for companionship and support. The research also showed, however, that an urban location did not necessarily ensure inclusion in the surrounding community and that some women also experienced intolerance and exclusion (see Chapter 5).

By comparison with Eaton Grange, the geographical isolation of Blofield Hall made its role as a 'stepping-stone' into the community more difficult. Casual relationships and friendships were not so common for the men in the research who rarely mentioned friends they made either on days out in Norwich or at work, although in the 1950s and 1960s it was recorded that several men moved into lodgings with families they had befriended through work. It was also more difficult for the men's families to visit Blofield Hall and therefore difficult for family contacts to be maintained. John lost touch with his family, only re-finding them after he had moved into a flat in Norwich. Sporting events, together with steps taken after 1969 to improve the social life of the men, aimed to ease the situation of isolation, and there were more visitors to the hostel as a result. Though it was more difficult for the men, the isolated situation of Blofield Hall did not, however, present an insuperable barrier to visits into Norwich, and the staff of both hostels saw their role as attempting to break down barriers and provide opportunities to experience city life, and to 'mingle' in the community.

Another result of the location of the hostels was the relative accessibility of work. When farming jobs were plentiful, Blofield Hall was in an ideal position, and many of the men were able to do both farming and market gardening work. As social policies and types of work changed, with part-time seasonal farming work becoming unacceptable, work was less accessible in the rural situation of Blofield Hall. In the 1970s when full-time work was sought for the men in Norwich, the rural position of the hostel was a disadvantage and transport problems meant that some who could have worked were not able to do so. The PSWs aimed to ensure that despite the difficulties, links were built and maintained with the community through supported work placements. Nevertheless, according to Derek

Osborne, the location of Blofield Hall could be a serious impediment to the crossing of borders into work and then into more independent living.

By comparison, going out to work from Eaton Grange was on the face of it much easier, as the domestic and then later the hotel or factory jobs were always plentiful and usually within walking distance or a short bus ride away. Consequently, many women were able to cross further borders into work placements easily. As Jean's account of the crossing of the roads shows, however, there could be unexpected hazards and difficulties even in an urban setting (see Chapter 6). Her fear of the dangers involved in crossing roads can be seen as a metaphor for the more difficult and demanding border crossings made from the hostel.

Gender Issues

One of the findings of the research was that training and rehabilitation was a gendered issue in the 1960s and 1970s, and that it was the men who were placed at a disadvantage. There was a long tradition of education and training in Eaton Grange which continued into the post-war period. The women were trained in domestic skills and personal care, whereas the men in Blofield Hall did not receive such consistent training and their transitions into independent living were more fraught with difficulties as a result. The Training Flat in Blofield Hall, though it opened with the intention of repairing this omission, was in the event rarely fully used; by comparison, the flat in Eaton Grange offered useful experience to Jean, Freda and Pauline who were trained to budget, shop and cook and who moved out from the hostel first to their daily jobs and then full-time jobs and lodgings, with more confidence. Douglas Lanham remembered that on his arrival in Eaton Grange he was placed on a demanding rehabilitation programme

which he compared unfavourably with his more relaxed life in Blofield Hall.

The reasons for this contrast between the two approaches to rehabilitation may lie in the gender attitudes of the time in society as a whole. The research showed that there was not a familial ideology in place in Blofield Hall as there was in Eaton Grange. Although some of the records speak of attempts to make it a homely environment, the main philosophy guiding the policies was to enable the men to be more independent, with the staff acting, not as authority figures as in the hospital, but as counsellors. They were certainly not in the role of paterfamilias. Whereas it was thought that the women needed domesticity and a homely atmosphere with the staff acting as motherly figures, the men, however young, were expected to conform to a more independent 'masculine' role, despite the prevalence of infantilist language and attitudes. It was also assumed that the men who went out on licence or to their own lodgings would have landladies who would wash and cook for them. It could be, therefore, that normalisation ideas (Wolfensberger 1972) concerning appropriate jobs for men and for women were in this case causing the replication of discriminatory beliefs in wider society, producing gender distinctions around the division of labour (Atkinson and Walmsley 1995).

If men were disadvantaged in their rehabilitation for ordinary life, the opposite was the case as regards job opportunities. In the first twenty years of the hostel, a greater variety of jobs was open to the men than to the women whose roles until the early 1970s were assumed to be mostly domestic. There may have been other reasons for this than the gendering of jobs, one of which was that it was easier to control women if they were in jobs in the local area. There were factory jobs available in Norwich in the

1940s as Marion Green had had several before she came to Eaton Grange, and the research did find that one of the women in Eaton Grange in the 1930s was employed in a Boot Factory. It is likely, therefore, that other factors, such as considerations of control, convenience and demand, as well as gender, decided on the types of jobs done by the women. For example, the fact that Eaton Grange was a single sex hostel until 1973 also meant that gardening and caring for the poultry, usually associated with male workers, were jobs done by the women not only during the war but, according to Pauline, up to the 1970s. Nevertheless, the fact remains that there was throughout the period a greater variety of jobs open to the men. In their case too, demand meant that gender stereotyping of jobs was not always the main factor : John was able to choose to do caring work from Blofield Hall, and Douglas worked as a domestic when he moved into Eaton Grange.

Change and Continuity

There was also divergence in the way the hostels developed in the late twentieth century. Although the *Norfolk Area Health Authority Strategic Plan* (1978-1986) and the *Norfolk Area Health Authority Report* (1979) recommended the continuation of hospital hostels, it was decided in 1982 to close Blofield Hall which was considered too large to remain as a community facility. Smaller 'community units' run by the hospital would take its place. ²

In contrast, one of these 'new' community units was to be Eaton Grange which, because of its urban position, survived into the 1980s and 1990s as a community facility still attached to the hospital. Part of it was to be

² *Norwich Health Authority Report* 1984, p.20 (Private Collection).

converted, however, into a local Resource and Training Centre, providing 'assessment and treatment' on a daily basis, and the second floor was to be turned into a series of 'homely domestic style flats' providing 'immediate pre-discharge training'.³ The idea, first suggested in the 1930s, of the combination of an Occupation Centre with a 'homely' hostel as both home and training base was thus revived. It is now anticipated that Eaton Grange will close as a residential community unit by 2000.

Conclusion

In summary, the research showed that between 1952 and 1980 the hostel policy in both Eaton Grange and Bofield Hall had many parallels. Both had changing roles but throughout the period were considered to be the community facilities of Little Plumstead Hospital. Both had dual policies which aimed to create a long-term home for the residents and at the same time a stepping-stone in preparation for further independence. They were both discrete working hostels. There were, however, quite specific differences relating to geography and gender though these were complex and often depended on many different factors.

³ *ibid*, p.44.

Chapter 10 Conclusion

The concluding chapter discusses the findings in relation to the research questions. The over-arching question was: *What is community care?* I addressed this question by focusing on one manifestation of community care as represented by the history of two hostels. I therefore addressed two further key questions, and I respond to each in turn.

The first research question asked:

What light can the study of two hostels shed upon the history of community care for people with learning difficulties?

The research showed that the two hostels played a significant role in community care, both in the inter-war period (in the case of Eaton Grange) and in the post-war period. I discuss the findings under the following headings:

- Hostels, institutions and community
- Continuity and change in ideas and practice
- Inclusion and exclusion
- Geography and Gender.

Hostels, institutions and community

Border crossings were found to be important and neglected areas to explore. Several recent studies have focused on spatial analyses of the architecture of institutions (Gittins 1998; Stuart 1998). My research looked at people as well as spaces, movement as well as space, giving a dynamic view of community care as part of people's lives rather than encapsulated in a place. This has highlighted the significance of transitions. There was a diversity of stories told by the life historians and the Memories Group, confirming Stuart's finding that 'They do not all speak with one voice' (Stuart 1998:278). The focus on border crossings was one way in which this diversity of voices was revealed, and a rich and complex history illuminated.

The research revealed a much longer history of community care than is realised. In the inter-war period, Eaton Grange was seen by the Norwich Mental Deficiency Committee as a hostel in the community, its role being to provide community care and control. This finding challenges the view of a much later origin for community care as a formal policy which still finds credence in some social policy literature. Community care policies were in place in Norfolk by 1913, and, in the inter-war period, Eaton Grange contributed to aspects of these policies by representing a third solution, that of the 'working hostel', to the 'problem of mental deficiency'.

Community care existed not in opposition to but as an adjunct to institutional care not only in the inter-war period as argued by Thomson (1998a) but also after 1948. In the inter-war period, Eaton Grange was a stand-alone local authority hostel, but it also began to have links with the

newly founded colony at Little Plumstead Hall and to provide a community base for women who moved out of the colony. Some women who were regarded as unsuitable for a working hostel were in turn moved into the colony, as Marion's story testifies. The research showed that when Eaton Grange came under hospital administration in 1948, its role did not change significantly. It became, in effect, the community facility of the hospital, and tended to continue as before in its role as provider of care in the community.

Hostels were a distinctive part of provision with their own ideology and role, not just small replicas of hospitals. Oral history evidence revealed that alongside the close administrative links between hospitals and hostels after 1948, continuity of inter-war practice in the case of Eaton Grange and the aims of Blofield Hall, still allowed for some lee-way in interpretations of hospital-instigated policies, and some independence of the hostels from the parent institution. Though recent literature has emphasised the power of the institution (Thomson 1998a), this study has shown that this power could be challenged.

The research showed that there were marked differences not only between hospital and hostels, but between the culture of the two hostels: a familial model with matron and staff regarded as motherly figures in a 'homely atmosphere' was the hostel policy in Eaton Grange; the emphasis in Blofield Hall followed gender attitudes in wider society by aiming to promote a friendly rather than a homely atmosphere for the men. Oral testimony confirmed that Blofield Hall was more like a 'hotel' than a home.

Continuity and change in ideas and practice

The study has shown that ideas which we see as recent were pre-figured in the early twentieth century. Ideas associated with late twentieth century criticisms of institutions and the desirability of being able to take part in ordinary life activities over which people had some choice were held by key staff and practised in the early twentieth century.

Furthermore, though the rationale was different, normalisation ideas associated with hostel policy were also voiced very much earlier than has been thought. In particular, the desirability of valued employment for people with learning difficulties predated later statements by the Scandinavian formulation of normalisation requiring that the 'rhythm of the week' should include the enjoyment of home, work and leisure activities in different settings (Nirje 1969). One of the main roles of the two working hostels was to prepare people for work. The research showed that there were quite specific progression routes, and that work represented a way of earning transitions as well as acquiring status. Associated with these transitions, and another concept that has an earlier history than is recognized, is the phenomenon of 'transition shock', acknowledged by staff in the hostels. The research also showed that supported employment, though not named as such, has a long history.

Similarly, the study shows that the model of family life associated with the 1970s (Jay Report 1979) was also a leitmotif of hostel policy. As noted above, there were cultural differences between hospital and hostel. The research showed that there was a 'familial model' in place in Eaton Grange which was in some respects independent of the medical model of the parent

institution, though it could be equally controlling. This model aimed to provide a 'homely' rather than an institutional atmosphere. The regime in Blofield Hall, though it did not follow the familial model, also aimed to be advisory rather than authoritarian. Although there were co-existing policies of segregation and control in place in both hospital and hostels, the latter aimed to create a stable 'home' from which people could venture out to mingle in the community for work and leisure preparatory to moving out on licence or discharge. However, people experienced the regimes differently and it would be mistaken to impart an entirely positive image of the hostels.

Inclusion and exclusion

The more progressive ideas noted above co-existed with philosophies that have now been repudiated. The study showed that hostels did not guarantee inclusion in the community and instead replicated some aspects of institutional care. Despite the liberal aims of the early matrons in Eaton Grange, the hostel played a role in restricting lives in accordance with community care policies under the Mental Deficiency Acts, allowing only limited freedom in terms of relationships, choices, or independence. The study confirmed the suggestion that the familial model with its discourse of infantilism was one way in which this control was maintained (Walmsley 1993; Gittins 1996; Stuart 1998). The hostels endorsed a community care that aimed to offer a new life and more freedom, but which was at the same time an extension of the philosophy of institutional care and control. This study has therefore challenged the still widely held view of community care as the benign opposite of institutional care.

Despite the restrictions in the hostels, people showed that they did not see themselves solely as victims, but as retaining some power, however limited, over certain situations (Sibley 1995; Atkinson 1997). In some of their discussions, members of the Memories Group described their lives in terms of injustice and lack of freedom. They also, however, gave instances of resistance, mimicry and defiance. Oral history and archival evidence revealed occasions when people were able to voice their own opinions and sway decisions concerning both work and social activities. The life historians' accounts revealed that within a segregated provision, people were not passive victims but often rebellious survivors.

Geography and Gender

The research challenged assumptions about the importance of geographical location. The study found that an urban or a rural site made a difference but was not decisive and that being 'in' the community was not the sole determinant for inclusion. Both hostels shared the problems of being segregated provision, controlled by stigmatising legislation until 1959, and this, rather than geographical location alone, resulted in restrictions for the residents of both.

Similarly, regarding gender, the simplistic view is also modified. Social skills training was a gendered issue, leaving men at a disadvantage. Oral history evidence suggested that this resulted from the different cultures within the hostels which responded to attitudes prevailing in wider society. As regards employment, however, the research showed that the men were offered a greater variety of jobs. Considerations of control, convenience and demand as well as gender limited the types of jobs for women. Both

women and men valued the caring roles implied in some of the jobs they undertook.

Findings relating to the research method

In this section I discuss the findings relating to the second research question:

How far can people with learning difficulties play a role in constructing their own history ?

The life historians made a significant contribution to the history of the hostels. The method used in this research generated information that was not accessible by other means. The biographical interviews contributed insights into people's experiences which are not included in the official archives which on the whole record only the views and aims of staff and families. This method, also adopted by other learning disability historians (Potts and Fido 1991; Walmsley 1994; Atkinson 1997; Stuart 1998) was justified in that the voices of people with learning difficulties have so often been missing from historical accounts in the past. An eclectic approach, adapting and using various methods from different disciplines enabled a broad perspective. A post-modernist approach which accepted complexity and contradiction (Appleby et al 1997) affirmed the diversity of the stories which emerged.

Methodological innovations contributed by the research included the use of photographs to encourage historical awareness and facilitate communication; the use of a third person as an interpreter; mediated life

history; work with a group; and the multi-method approach. I discuss each of these points in turn.

I adjusted the interview technique to enable two people who had speech difficulties to be active participants in the research. Some of the interviews raised issues that have not been widely discussed in the literature which mainly focuses on those who are thought to be either acquiescent (Sigelman et al 1982) or silent and unresponsive (Booth and Booth 1996) or without verbal communication at all (di Terlizzi 1994). A method of supporting historical research with life historians and encouraging a historical account, was to use photographs as prompts in the interviews. The research showed that through the adaptation of techniques to individual needs, more people than has been visualised by historians can be enabled to become historical witnesses.

Another method adopted was the use of a life historian as an interpreter. Joint interviews are not usually recommended in the oral history literature (Thompson 1988), but the study showed the advantages of including a third person as facilitator. The process enabled corroboration and memory prompting; a life story was told that would otherwise have remained unheard; more and different information resulted as each participant prompted new shared memories from one another; the interpreter offered confidence and support.

One further method, that of mediated life history (Yow 1994), was adopted to enable stories to be told. This method, though it raised issues of the dilution of the voices of people with learning difficulties, showed that it was a fruitful way in which some very early life stories of those now dead, could be revealed and could contribute to the history.

The research made a contribution to the participative paradigm by involving people with learning difficulties in co-constructing history. It did this through the group dimension. The Memories Group was transformed from an advisory group into a co-researchers' group which led to greater ownership of the research as well as involvement with change. The development of the Memories Group and the building of its role in the research involved a learning process for me as researcher. The group, though part of the initial plan for the research method, developed its particular character out of suggestions from the life historians themselves, assuming a different role to the advisory group I had visualised, and instead forming the key to the participative approach of the research. Issues of ownership are much debated in the literature on qualitative research (see Chapter 3). The Memories Group offered people a forum for an overview of the research and a joint stake in the history.

There were inherent ethical issues arising from the Memories Group. Writers have raised the issue of exploitation (Stalker 1998), and the 'potential for desertion by the researcher' (Stacey 1991: 117). The research showed that it is important for researchers to be aware of raised expectations so that either alternative plans can be made for the continuation of such groups, or a clarification of time-scales reiterated throughout the research (Mitchell 1999; Walmsley 1994). The study also showed that, in accordance with Mitchell's premise that researchers must be open to the possibilities of change leading towards emancipatory research, people with learning difficulties can gain from experience and take on new research roles (Zarb 1992; Mitchell 1999; Aspis forthcoming).

Triangulation was important. The multi-method approach had two purposes: to enable a broader and richer perspective; and to compensate for the shortcomings of each individual method. Triangulation and the use of an auto/biographical approach was important in considering issues of memory and validity. I acknowledged the uncertainty of memory and sought to alleviate it through the use of multiple sources. Tension between historical accuracy and the participative paradigm was resolved by recourse to archival evidence for confirmation of dates and policy changes. However, I acknowledged also that archives are not 'innocent deposits' (Thompson 1988: 106), and are as fallible as other sources. The research showed that each method used in conjunction contributed to a broadening of the perspective in the following ways:

The *Memories Group* proved to be a valuable method of validating the testimony of the life historians. This took the form of a shared approach and a self-validation.

The *oral history interviews with key informants* and the *documentary research* made it possible to place the life stories and the data from the Memories Group in context. It also resulted in new material. Evidence from employers had not previously been included in historical research and their information offered new insights into the process of licence under the Mental Deficiency Acts, and the conditions and types of work.

Insights from *oral history interviews with staff* added details concerning policy changes, issues and difficulties of which the life historians were unaware. Some discussions in learning disability history have raised the issue of the status of oral history contributions of ex-staff who had worked in learning disability services and who remained loyal to the original

purpose of the mental deficiency legislation (Mitchell 1998; Stevens 1999). Oral and documentary evidence from various sources was therefore important to contextualise this material which was valuable as a record of attitudes and ideologies.

By using and respecting *archival evidence* , but not regarding it as infallible, the research confirmed the findings of Potts and Fido (1991) that an interweaving of oral history and archival sources clarifies and enriches the resulting history. It created a more complex picture of local responses to social policy, and was able to cut across stereotypes.

The research also showed that *snapshots* taken by life historians were valuable contemporaneous evidence in particular because documents written by people with learning difficulties are rare.

Problems arose in arriving at a method of interweaving the complex and often contradictory evidence from different sources. There were many different voices and sometimes different interpretations, and I aimed to give a place to each. The case study approach, focusing on two hostels and their themes, suggests one way in which an interweaving of sources can be managed.

In summary, when evaluating how far people with learning difficulties can be involved in a construction of the past, I concluded that within the framework of the research they were able to make a distinctive contribution. There were two main outcomes of a participative approach which used the auto/biographical method. Firstly, new data concerning hostel life emerged. Secondly, people were able to develop a new historical awareness and consequently to have some control over the direction of the

research. As Jean said, 'I didn't realize then what I realize now'. The research also found that, though the evidence from life historians and the Memories Group was privileged, a multi-source auto/biographical method had the important roles of corroboration, contextualisation and the filling of gaps in the evidence. The research method allowed for diversity and specificity. There were many different views and experiences of the same event or provision and this enabled the complexity of hostel life, and changes and continuities within it to be recognized.

Further Research

This study focused on one manifestation of the history of community care. There are many others which remain under-researched, one of which was raised by the life-historians. They suggested that an oral history of group homes, warden-run flats, lodgings and private and social-services-run homes would be a useful next step in community care research. It was beyond the scope of this research to explore in depth their experiences in these different types of provision, but it emerged in the course of the research from accounts by several of the life historians that the themes of control, exclusion and neglect that had characterised some community care policies throughout the period were still operating in the 1970s and 1980s and up to the present day. A history of the development of other types of provision from the point of view of people who lived in them, seems particularly urgent in view of the closure of hospitals, and might help to prevent the repetition of problems. Comparative studies of other hospital and local authority hostels would also be a valuable contribution towards a more complete history of learning disability.

A study of other aspects which this research has only been able to touch on would include further exploration of the role of colonies and hospitals in community care initiatives. Key informants described innovative community nursing projects which this research could not pursue in any depth; records also claimed an active role for the hospital and staff in setting up community clinics in the 1930s, and an outreach role in community care. Further oral history research could shed light on the experiences of those who both experienced and delivered this type of hospital-based community care.

Finally, one of the findings of the research was the extent of the private collections of photographs and photograph albums in existence. They were important as representing a stake in their own history by people with learning difficulties. Time and space limitations meant that this study was unable to explore this subject in any depth and further research needs to be undertaken with the owners of such photographs.

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In summary, little is known about the history of community care for people with learning difficulties, though there is a growing interest among historians in exploring its origins and development. This research set out to build on the growing number of locality studies (Atkinson 1997; Walmsley 1997c; Thomson 1998a; Welshman 1999) and the recent contributions of people with learning difficulties (Barron 1996; Cooper 1997) to add to the history by exploring one manifestation of the subject. The case studies of the hostels indicate that although there are many and conflicting definitions of community care, hostels in Norfolk were one type of community care which played a significant role in its development in the period 1930 to

1980. Social policies changed experiences of 'home' and working lives and new insights revealed the effects of these policies for individuals. The research method enabled people who are not usually consulted to play a significant role in the constructing of this history, though many challenges remain as to ownership and empowerment. I hope that others will build on this research with further comparative historical studies to ensure that the history of community care in other localities will be constructed with the people who experienced it, enabling a broader national picture to begin to emerge.

Appendix 1 Brief Biographical Details of the Life Historians

This Appendix is provided to enable readers to refer easily to brief biographical details of the 12 life historians. The information was derived from the interviews and from discussions in the Memories Group, and is intended to contextualise the study of the hostels, giving details, wherever possible of dates and transitions.

The life historians are listed in alphabetical order, with the women from Eaton Grange followed by the men from Blofield Hall. Several of the life historians wished to remain anonymous, so have been given pseudonyms. These are indicated by an asterisk.

Eaton Grange

Jean Andrews

Jean Andrews was born in 1942 and was 53 when she became a life historian and founder member of the Memories Group. She was born in Banham in Norfolk, and was sent to Sidestrand Special Boarding School when she was twelve. She was then admitted to Little Plumstead Hospital in 1955 at the age of 13. While she was in Plumstead, her mother died. She stayed there until 1968 when, aged 26, she moved out to Eaton Grange. She had various jobs while in Eaton Grange, including domestic and factory work. She left in about 1975 to move into a Group Home, continuing in her

factory job. She married in 1980 when she was 38, and has lived with her husband, John, in a council flat in Norwich for 19 years.

Freda Eagle

Freda Eagle was born in 1943 and was 52 at the time of the interviews. As a young girl she went into Ferryside Orphanage in Gorleston and then Greenwood Special School in Essex. From there she went at 14 to live at All Hallows Convent in Ditchingham, Norfolk, until she was 17. A period in Little Plumstead Hospital was followed by a move to Eaton Grange in the late 1960s and a job in Macintoshes Factory. In 1979 she went to live in a warden-supported flat in Norwich. She later married and now lives with her husband in Great Yarmouth in a council flat.

*Marion Green**

Marion Green was born in 1920 and was aged 75 in 1995. She was living in Little Plumstead Hospital at the time of the interviews. She was born in Norwich, went to the Open Air School, and had jobs in a Silk Factory, Wincarnis Factory, and a Bakery. She married and had a baby and moved to London. She came back to Norwich in 1942, when she went to live in Eaton Grange. She had a domestic job, but was moved into Little Plumstead Hospital in 1948. She moved between hostel and hospital several times, but, apart from a brief stay in a home in the community in 1993, has remained for most of the rest of her life in the hospital.

Pauline Masson

Pauline Masson was born in Norwich in 1957, and was aged 39 when she joined the Memories Group in 1996. She went to a local school. She lived with her family until she was 20, when she went to live in Eaton Grange in 1977. She lived there for five years, continuing to work at Macintoshes Chocolate Factory where she had started at the age of 16. In the evenings and at weekends she worked in the hostel and in the grounds, gardening, and looking after the chickens. She lived in the self-contained flat in Eaton Grange in preparation for moving out. After five years she left Eaton Grange in 1982 and went to live in a warden-run house in Norwich with three others. She then moved to her own flat where she lived on her own for five years, supported by frequent family visits. She continued to work at Macintoshes, completing 19 years' work there in 1992. She now lives in a small private home and attends the local Adult Training Centre.

*Hilda Peel**

Hilda Peel was born in 1932 and was 63 at the time of the interviews. She went into Little Plumstead Hospital in 1945 when she was thirteen years old. She stayed for 16 years, moving out in 1961 first to Hales Hospital, and then to Eaton Grange in 1969. She stayed in Eaton Grange for 5 years, doing domestic work locally, and moving in 1974 to a Group Home in Norwich. For the past 13 years she has lived in a private home in Norwich.

Jacky Swinger

Jacky Swinger was born in 1947. She was orphaned as a young girl and went into Little Plumstead Hospital when she was about 12. In 1968 she moved out to Eaton Grange and did both domestic and factory jobs, finally starting work at Macintoshes Factory where she remained until it closed down in 1997. She moved into lodgings with a landlady in the early 1970s, and then to a warden-supported social services home. She married and has lived with her husband in a council flat for nearly 20 years.

Blofield Hall

John Andrews

John Andrews was born in 1948, one of six children. His mother died when he was two years old, and he was put into the Woodlands Childrens' Home in Norwich. In 1963, when he was 15, he was moved to Hellesdon Hospital in Norwich and then, shortly afterwards, to Little Plumstead Hospital. In 1965 at the age of 17 he moved into Blofield Hall and had several jobs in the hospital and in the city. In about 1976 he moved into a Group Home. He married Jean in 1980 and has lived with her in a council flat for nineteen years, doing several different jobs in Norwich.

Sidney Crown

Sidney Crown was born in Wisbeach in Cambridgeshire and came into Plumstead as a small boy in the late 1930s. He moved into Blofield Hall in the late 1960s and worked in a nearby garden centre. He left in the early

1970s and went into lodgings, working as a hotel porter and in the hotel kitchens. He keeps in touch with friends from Blofield Hall and visits them frequently. He is retired and he lives in a flat on his own, but supported by his social worker.

George Gladman

George Gladman was born in 1921 and went into Little Plumstead Hospital in 1936 when he was fifteen. He was 74 when he took part in the research. He moved into Blofield Hall when it opened in 1951, and worked in the hostel and in the Training Shops. He moved into Eaton Grange in about 1973, and from there to a council flat with warden support. He had jobs in the city as hotel porter and kitchen worker, but when he retired he started to attend Adult Education classes and the Adult Training Centre. He now lives in a home for older people in Norwich.

Victor Hall

Victor Hall was born in Gressenhall Workhouse in Norfolk in 1932, and was 63 when he joined the Memories Group. He and his brother were brought to live in Little Plumstead Hospital with their mother when Victor was four years old. His mother was moved to Eaton Grange in the 1950s. She kept in touch but was discharged in 1956 and emigrated to Canada. Victor moved with his brother into Blofield Hall in his early 20s. He had several jobs both in the hospital and in Norwich before leaving in 1972 to live in as a hotel porter. He moved into a council flat with his brother in 1973 and has had the same job in a fish and chip shop ever since.

Ronnie Hendry

Ronny Hendry was born in 1934 and went into Little Plumstead when he was 4 in 1938. He transferred to Blofield Hall in about 1958. While there, he worked in the Stores Department in the Hospital. When Blofield Hall closed in 1983 he moved out to a hospital house nearby. He continued to work in the Stores Department, a job he still does, returning each day from the private residential home in Norwich where he now lives.

Douglas Lanham

Douglas Lanham was born in 1943 and was 54 at the time of the interview. He lived with his family in the village of Norton in Norfolk and attended the village school. He then went to Sidestrand Special Boarding School until he was 13. From 1957 to 1969 he attended the Junior Training Centre in Great Yarmouth. He has 2 brothers and a large family and he spent some time living with his aunts after his father died in 1964. Between 1971 and 1974 he lived in Blofield Hall where he was visited regularly by his mother. He worked in the Training Shops and then had jobs in a cafe and a hotel in Norwich. In 1974 he moved to Eaton Grange where he briefly had a domestic job, and then in 1975 he left to take up a live-in job in a hotel in Norwich. In 1980 he moved first into a house with three others, then a private residential home where he now lives.

Appendix 2 Brief Details of the Key Informants

This Appendix has been provided to enable the reader to have easy access to brief details regarding the dates when the key informants were involved with the two hostels. They are listed in alphabetical order in six different groups: administrative staff; medical staff in Eaton Grange; medical staff in Blofield Hall; hospital social workers; social workers; employers.

Several of the Key Informants wished to remain anonymous, so have been given pseudonyms. These are indicated by an asterisk.

Administrative Staff:

John Gallagher was the Senior Nursing Officer at Little Plumstead Hospital from 1970 to 1984. He was involved in combining with Social Services to set up new community units in the 1980s.

Frances Kirkpatrick was Service Manager at Hales Hospital between 1968 and her retirement in 1995.

Trevor Neil was Administrator of Little Plumstead Hospital from 1977 to 1994.

Ossie Simkin started work at Little Plumstead Colony in 1939 at the age of 16 as a Junior Clerk. After the war he returned to work at the hospital in 1947. He was in the Finance Department and had a role in re-organising the

payment system for women going out to work from Eaton Grange after 1948.

Eaton Grange: Medical Staff

Dr. Ambrose started work as a Registrar at Little Plumstead Hospital in 1961, becoming Consultant Psychiatrist until she retired in 1984. She had special responsibility for Eaton Grange in the late 1960s and 1970s.

Shirley Cornfield worked as a nursing assistant in Eaton Grange between 1968 and 1970, and then, after training, returned as a nurse to Eaton Grange until 1974. She then became Nursing Manager for Community Services.

June Evans' first experience of Eaton Grange was as a student nurse in 1969 when she was 19. As a student nurse she also worked for a brief time in Blofield Hall. She returned to work in Eaton Grange in 1981 and *continues to work there.*

Anne Gallagher was the Sister in Eaton Grange in the 1970s and early 1980s. She had come from Lea Castle Hospital in the Midlands, and had previously worked as a teacher in a special school for children at Botley's Park in Chertsea, becoming involved with Dr. Tizard's Brooklands experiment.

Jean Gooch started work as a domestic assistant at Little Plumstead Colony in 1943 and was then trained as a nurse, working in Eaton Grange in the 1970s.

Pam Simkin was a nurse first at Hales Hospital in 1959, and then in Eaton Grange from 1965 to 1968.

Blofield Hall: Medical Staff

David Dale worked in Blofield Hall as a student Nurse in the 1960s.

Dr. O'Callaghan started as a Registrar at Little Plumstead Hospital in 1962. He left to work at Rampton and Stamford, returning in 1972 as Consultant Psychiatrist. He had special responsibility for Blofield Hall in the 1970s.

Derek Osborne worked briefly in Blofield Hall between 1959 and 1962 and then became the Charge Nurse in Blofield Hall from 1969 to 1978.

Hospital Social Workers :

Helen Foster * started work at Little Plumstead in 1955, staying until the 1970s. She became a hospital social worker, playing an increasing role in Blofield Hall.

Phyllis Ranie was a hospital social worker at Little Plumstead between 1963 and 1969.

Social workers, Mental Welfare Officers, and a Volunteer

Jean Aldred has been a volunteer at the Wednesday Social Club since the 1970s. She worked for many years at Macintoshes Chocolate Factory, meeting there and befriending some of the women from Eaton Grange.

Cynthia Cooke became a trainee mental welfare officer in 1966, covering rural Norfolk rather than Norwich. She then returned to Norwich as a social worker in 1974, liaising with staff in both Eaton Grange and Blofield Hall.

Liz Ellis was a student nurse in Eaton Grange in the early 1980s. She then joined Norwich Social Services and now manages the Wednesday Club, a Social Club for people with learning difficulties in Norwich.

Frank Pond was appointed as a mental welfare officer in the Health Department of Norwich City Council in 1960. He liaised with hospital social workers to find lodgings for people moving out from Eaton Grange and Blofield Hall in the 1960s and 1970s.

Employers:

Eaton Grange

Mary Barnard began to employ women from Eaton Grange in 1953 and continued until 1956.

Mrs. Jones employed two women from Eaton Grange in the 1950s.

Elizabeth Ollier's mother employed several women from Eaton Grange between 1953 and 1967.

Mrs Pearce's* family, including her mother, employed several women from Eaton Grange during a long period spanning thirty years from the late 1930s to 1969.

Mary Pooley employed several women from Eaton Grange in the 1950s.

Mrs. Redford* employed one of the women from Eaton Grange in the 1960s.

Mrs. Smith's* parents employed women from Eaton Grange in 1937 and 1938.

Monica Newing was not an employer, but had befriended several of the women from Eaton Grange in 1946 and then later in the early 1950s.

Blofield Hall

Mara Mack employed a man from Blofield Hall to help with poultry and garden work in the 1960s and 1970s.

John Mack employed several men from Blofield Hall on his farm between 1952 and the early 1970s.

Appendix 3

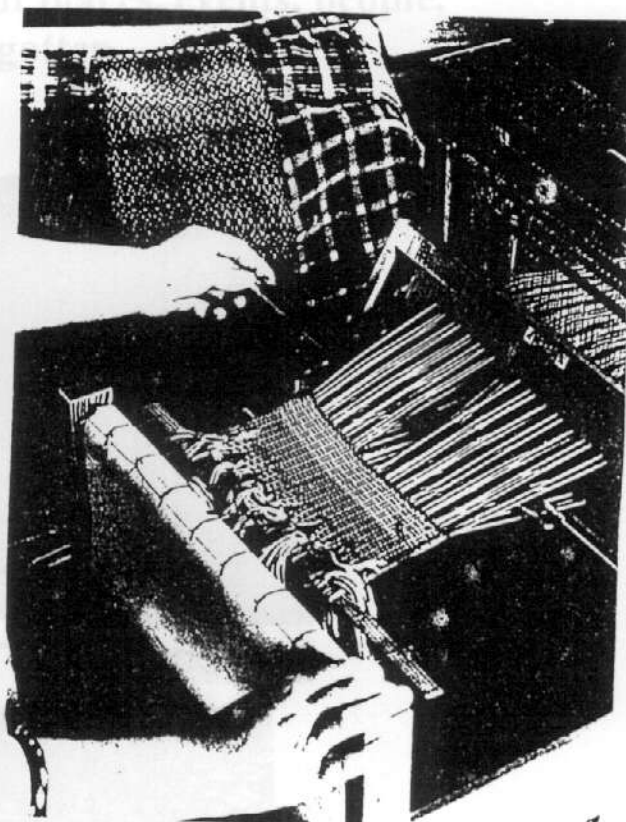
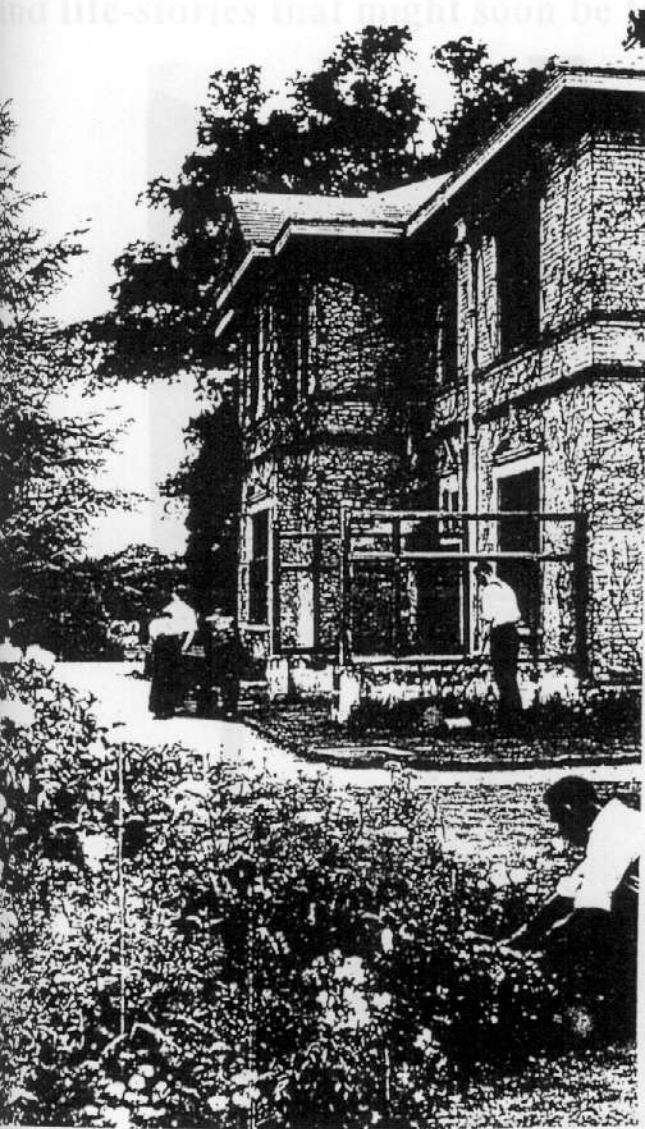
Information and Consent Forms

Can you help?

I am finding out about the history of community care in Norwich and in particular the history of Eaton Grange and Blofield Hall.



I am building up a picture of what it was like to live and work in Eaton Grange and Blofield Hall, and in Norwich, from the 1930's to the 1980's.



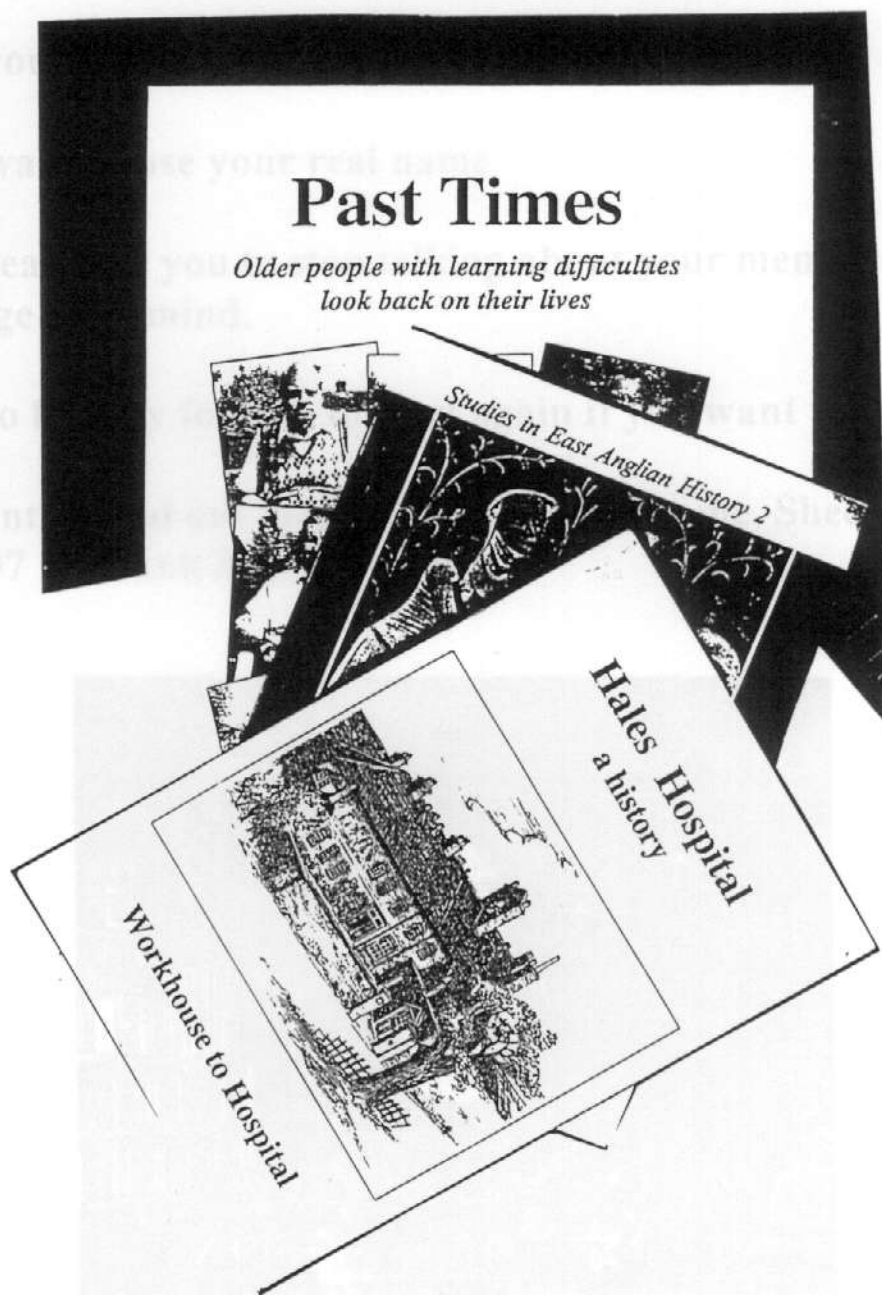
Would you like to talk about your memories? We could meet 2 or 3 times to talk about the past.

You would be helping to find out about places, events, people, and life-stories that might soon be forgotten.



It is very important that the past is not forgotten, because we can learn from history.

Your memories will be recorded on tape or in writing. They will become part of a history of that time.



YOU DECIDE

- **When you want to meet**
- **How much you want to tell me**
- **Whether you would like a friend or advocate with you**
- **When you want to stop**
- **If you want to use your real name**

It will be easy for you to stop talking about your memories if you change your mind.

It will also be easy for you to start again if you want to.

If you want to find out more, you can speak to me, Sheena Rolph, 207 Unthank Road, Norwich.



CONSENT FORM I agree to tape-record or write down my memories, and that they will become part of a history.

I agree to meet Sheena Rolph 2 or 3 times to talk about my memories of living and working in Eaton Grange and Blofield Hall and in the community from the 1930's to 1980's.



I agree that she can tape-record or write down my memories, and that they will become part of a history.

Past Times

Older people with learning difficulties look back on their lives



Studies in East Anglian History 2



Hales Hospital a history



Workhouse to Hospital

understand that I decide

when to meet

how much to say

whether to have a friend or advocate with me

whether she can use my real name

when I want to stop

understand that I can stop at any time.

understand that it is alright if I want to change my mind and
start again later.

Signed: (Interviewee)

Signed: (key-worker or advocate)

Appendix 4 Notes on the Historical Sources

Oral History Sources

Most interviews were tape-recorded, though some people preferred me to take notes during the meetings. The tape-recordings have not been deposited because the Norwich and District Ethics Committee made it a condition that they be handed back to the interviewees at the end of the project. The tapes that were not returned for any reason were to be destroyed.

(1) Interviews with Life Historians

Freda Eagle	16th February 1996 (with Jean Aldred)
	4th June 1996 (with Jean Aldred)

Jean Andrews & John Andrews	18th March 1996 (with Liz Ellis)
	3rd June 1996
	15th July 1996
	23rd September 1996
	18th November 1996

Victor Hall	18th March 1996
	7th October 1996
	26th April 1999

Jackie Swinger	26th March 1996 (with Shirley Cornfield) 11th July 1996
Ronnie Hendry	11th July 1996 20th October 1998
Marion Green*	12th July 1996 21st August 1996 23rd May 1997 26th June 1997 9th March 1998
George Gladman	6th March 1997
Sidney Crown	26th July 1997 2nd September 1997
Hilda Peel*	28th October 1997 (with Jean Andrews) 7th April 1998 (with Jean Andrews) 14th July 1998 (with Jean Andrews)
Douglas Lanham	24th October 1997 24th February 1998 25th March 1998
Pauline Masson	25th June 1999

As well as the interviews listed above, there were many other occasions on which I met the life historians as noted in Chapter 4. These more informal discussions were written up afterwards as notes.

(2) Interviews with Key Informants

Mary Barnard	30th October 1995
Pam & Ossie Simkin	16th November 1995
	25th May 1996
	10th May 1999
Shirley Cornfield with Pam & Ossie Simkin	19th January 1996
Mrs. Smith*	16th November 1995
Monica Newing	21st November 1995
Dr. Ambrose	22nd November 1995
Jean Aldred & Liz Ellis	13th December 1995
Frances Kirkpatrick	16th January 1996
Elizabeth Ollier	15th August 1995
	4th March 1996

June Evans	4th March 1996 28th May 1999
Mrs. Jones	20th March 1996
John & Mara Mack	28th March 1996
Dr. O'Callaghan	28th March 1996
Helen Foster*	31st May 1996 12th July 1996 31st October 1996 11th May 1999
Phyllis Ranie	5th July 1996
Mary Pooley	19th July 1996
Cynthia Cooke	26th July 1996
Anne & John Gallagher	13th October 1996
Trevor Neil	17th October 1996
Frank Pond	22nd October 1996
Jean Gooch	11th November 1996

Mrs. Redford*	22nd January 1997
Mrs. Pearce*	31st January 1997
	21st February 1997
	14th April 1997
	3rd September 1997
David Dale	19th March 1999
Derek Osborne	20th April 1999

* pseudonym

Archival Sources

I note sources of archival records under section headings according to location.

In the thesis I have referenced the sources using the initials of the source as indicated in each of the section headings, together with abbreviated title, archive number and date.

Section 1. Public Record Office, Kew (PRO)

The Public Record Office at Kew was the source for Board of Control Reports and Circulars. It also contained all the material concerning the Occupation Centre which was opened in Norwich in 1922. Sources consulted were:

Minutes of the Lunacy Commission and Board of Control 1845-1960

MH50

Lunacy Commission and Board of Control. Correspondence and papers

MH51

Board of Control: Occupation Centre Reports St. Andrews Parish Room,
Wellington Lane Norwich 1922-1930 **MH95/97**

Board of Control: Occupation Centre Reports 1931- 52 Eaton Grange Hut
MH 95/98

Board of Control Circular Letters Nos 406-577 March 1914 - Jan. 1921:

MH 51/239 Circular 449; Circular 502; Circular 507; Circular 537

MH 51/240 Circular 672; Circular 717

MH 51/241 1930-1940 Circular 796; Circular 801; 835

Section 2. Documentary Sources housed in the Norfolk Record Office (NRO)

This office re-opened in October 1995 after a disastrous fire which destroyed Norwich Public Library and much of the archive material. Some annual hospital reports were destroyed, as well as annual reports of medical officers of health, and the whole of the collection of photographs of the city

of Norwich. Many records were saved, however, including City and County Council Records, and Hospital, Parish and School Records, although some of these suffered water damage. Records relating to the research were in good condition.

The Norfolk Record Office sources are noted in 2 sub-sections, the first detailing the records of Norwich Borough Council; the second, Norfolk County Council.

A) Norwich Borough Council:

Minutes of the Mentally Deficient (care of) Committee, Nov.1914-1948, after 1930 called Mental Treatment Committee **N/TC 18/1-6.**

Norwich Town Clerk Records for Eaton Grange: BOC Inspectors' Reports; Clerk's letters; Minutes of the Mental Treatment Ladies' Sub-Committee; general files; staff reports; matron's reports; rules; plans 1930-1948 **N/TC 52/41.**

The Great Hospital Norwich. Printed acts and orders concerning mental deficiency and the conduct of institutions, 1913-1918 **N/MC 14/1.**

B) Norfolk County Council:

Minutes of the Mental Deficiency Acts Committee 1913-1948 **C/C 10/367-373**

Minutes of the Mental Deficiency Guardianship and Contributions Sub-Committee 1940-1948 **C/C 10/380**

Minutes of the Mental Deficiency House Sub-Committee 1938-1948 **C/C 10/375-378**

Minutes of the Mental Deficiency Acts Works Sub-Committee 1940-48 **C/C 10/ 379**

Minutes of the Mental Deficiency Acts Heckington Sub-Committee 1932-1938 **C/C 10/374**

Minutes of the East Anglian Regional Hospital Board Committee for No. 9 Group July 1948-September 1948 **c/ss 2/5** (Records from 1948 -1974 deposited in the Cambridge Record Office).

Medical Officer of Health Annual Reports 1889-1973 **C/MH 1/31-53.**

Section 3. Records held by the Norwich Community Health Partnership at Little Plumstead Hospital, Norwich (LPHR)

Records pertaining to Eaton Grange and Blofield Hall after 1948 are held by the Norfolk Community Health Partnership Trust at Little Plumstead Hospital, Norfolk. I have referenced them under the abbreviation LPHR.

I am indebted to the Chief Executive of the Trust, and the Director of Little Plumstead Hospital for permission to use this archive. My submission to use it was also approved by the Norwich District Ethics Committee. As in

the case of the Norfolk Record Office archives, I have used pseudonyms or initials in the text to protect individuals' privacy.

(a) Eaton Grange Records

General Register 1930-1970

Eaton Grange Visitors' Book 1933-1962

Visitors' Book 1942-1949

Visitors' Book 1962-1971

Medical Journal 1935-1957

Register of Admissions 1930-1950

Register of Removals, Discharges and Deaths 1930-1967

Photographs

(b) Little Plumstead Hospital Records after 1948, including reports on Eaton Grange and Blofield Hall

Norfolk (M.D.) No. 9 Group Hospital Management Committee Annual Reports, 1948-1969. (LPHR HMC)

Register of Admissions to Little Plumstead Colony 1933-1941

A Book of Temporary Treatment Admissions and Discharges 1957-1960

Visitors Book for Little Plumstead and Blofield Hall 1960

Five Day and Night Report Books for Blofield Hall 1950

Chaplain's Record Book 1937-1967.

Photographs

Section 4. Cambridge County Public Record Office (CRO)

Cambridge Record Office contains the post-1948 records of the East Anglian Regional Hospital Board which were moved to Cambridge from Norwich in 1974:

East Anglian Regional Hospital Board Records. Mental Health Committee:
Minutes of Board Meetings: 1948-1974 **R83/42**

East Anglian Regional Hospital Board. Meetings of the Finance and
General Purposes Committee 1948-1974 **R83/42**

Primary Published Sources

Primary published sources consulted included specialist publications by both *local and national figures*; *contemporary publications on learning disability services* by practitioners in education and social services; and memoirs and diaries. These are listed below in two categories:

(a) Local Published Sources

(b) Journal Articles and Text Books Contemporary with the period of the Research.. (An asterix indicates that the author is a local figure).

(a) Local Published Sources

Barnard M (1995) *Diary of an Optimist* Dereham: The Lark's Press

Bateman F (1897) *The Idiot: His Place in Creation and his Claims on Society* Norwich: Jarrold

Bilyard J (1987) *Hales Hospital: a history. Workhouse to Hospital* Bungay: Norwich Health Authority.

Bilyard J (1990) *Thirty Years of Friendship. The Friends of Hales Hospital 1960-1990* Great Yarmouth: Adult Education Office.

Harris J (1937) *Probation: A Sheaf of Memories. Thirty-four Years' Work in Local Police Courts* Lowestoft: Robinson

Hooper J (1898) *Norwich Charities: Short Sketches of their Origins and History* Norwich: Norfolk News Company Ltd.

Jarrold's Norwich Directory (1911) Norwich: Jarrold & Sons Ltd.

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Sayle B (1994) *'Is this you, Nurse?'* *The Making of a Nurse in the 1950s*
Dereham: The Larks Press

Sharpe EM (1987) *Barley Born and Bred* Royston: Sylvana Publications

(b) Journal articles and textbooks contemporaneous with the period of the research :

Aldis G* (1961) *Planning Requirements for the Hospital for the Mentally Subnormal* London: Sir Isaac Pitman and Sons Ltd.

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- Tizard J (1964) *Community Services for the Mentally Handicapped* Oxford: Oxford University Press.
- Tredgold AF (1937) *A Text-Book of Mental Deficiency* 6th edition London: Bailliere, Tindall and Cox

Turner FD (1928) 'Aims of a Mental Deficiency Institution' *Journal of Mental Science* 74 465-73.

Wormald J and Wormald S (1913) *A Guide to the Mental Deficiency Act 1913* London: King

Private Collections of Unpublished Documents

Several interviewees showed me or lent me items from their own collections. These have included:

A national nursing recruitment booklet (undated circa 1960s): *Nursing the Mentally handicapped. A Profession for People who Care.*

Hipgrave L (1970) 'An Investigation into the History of Hales Hospital related to Contemporary Legal Provision and Public Opinion' Unpublished Dissertation. Private Collection

A Hospital Annual Report, 1972

East Anglian Regional Hospital Board (No.9 Group) Mental Deficiency. Annual Report 1952

Norfolk County Council Mental Deficiency Acts Committee *Regulations and Orders for the Management and conduct of those engaged in the*

service of the Mental Deficiency Acts Committee at Little Plumstead Hall and Heckingham Ancillary Institution 1938

Norfolk Area Health Authority (1978) *Strategic Plan 1978-1986*

Norfolk Area Health Authority, Norfolk, Suffolk and Cambridgeshire County Councils (1979) *Report of the Joint Working Group on Services for the Mentally Handicapped*

Norwich Health Authority (1984) *District Review*

McCartney C and Cornfield S (1981) *A Venture into Community Care 1856-1981* (an unpublished dissertation reporting on community learning disability nursing services in Norfolk)

Photograph Albums

Official Reports and Publications

Royal Commission on the Care and Control of the Feeble-minded (1908)
Cmnd 4215-4221 London: HMSO

Report of the National Conference on the Prevention of Destitution (1911)
London: King & Sons

Dendy M (1911) 'Mental Deficiency Section' in *Report of the Proceedings of the National Conference on the Prevention of Destitution* London

Report of the Mental Deficiency Committee, being a Joint Committee of the Board of Education and the Board of Control (Wood Report) (1929)
London: HMSO

Department of Health and Social Security (1969) *Report of Committee of Enquiry into Allegations of Ill Treatment of Patients and other Irregularities at the Ely Hospital, Cardiff* London: HMSO.

Better Services for the Mentally Handicapped (1971) Cmnd
London:HMSO

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Report of the Committee of Enquiry into Mental Handicap Nursing and Care (Jay Report) (1979) London: HMSO

Journals and Newspapers

American Journal of Mental Deficiency

Eugenics Review

Journal of Mental Subnormality

Mental Health

Mental Welfare

New Society

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Eastern Daily Press, Norwich

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Andrews J (1999 forthcoming) 'Scrub, scrub, scrub...bad times and good times: some of the jobs I've done in my life' in Atkinson D et al (eds) *Good Times, Bad Times: Women with Learning Difficulties Telling their Stories* Kidderminster: BILD

Appleby J, Hunt L, Jacon M (1994) *Telling the Truth about History*
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